

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * In accordance with R.L.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.L.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

MIN. (M. N. O. IV. 1 7 10 1 (CO. IV.)	, ,				
1. Corporate ID No. 31501	MANUFACT	2. Name of Corporation MANUFACTURING MACHINE CORPORATION			
3. Street Address Principal Business Office 1090 Main Street			City Pawtucket	State RI	02860
4. Business Phone No. 5. State of Incorporat 401 724-4330 RHODE ISLA					
6. Brief Description of the Charac General Machine Shop					
7. NAMES AND ADDRESS	SES OF THE OFFICE	ERS: ("X" BOX FOR A	<i>TTACHMENT)</i> [] FILL IN	SPACES BEFORE USING A	TTACHMENTS
President Name			Vice President Name		
William N. Rushton			Henry Berube		
Street Address 45 Hunts Bridge Road			Street Address 92 Lake Avenue		
clip	State	Zip	City	State	Zip
North Attleboro	MA	02886	: Fall River	MA	02721
Sceretary Name William N. Rushton			Treasurer Name Henry Berube		
Street Address			Street Address		
45 Hunts Bridge Road			92 Lake Avenue		
Gity	State	Zip	City	State	Zip
North Attleboro	MA	02886	Fall River	MA	02721
8. NAMES AND ADDRESS	SES OF THE DIREC	TORS: ("X" BOX FOR		IN SPACES BEFORE USING	ATTACHMENTS
Director Name			Director Name		
William N. Rushton			Henry Berube		
Street Address			Street Address		
45 Hunts Bridge Road			92 Lake Avenue		
CH)	State	Zip	City	State	Zip
North Attleboro	MA	02886	Fall River	[MA	02721
Director Name			Director Name		
None			None		
Street Address			Street Address		
СИУ	State	Zip	City	State	Z(p
9. SHARES AUTHORIZE	 D ("X" BOX FOR A	 ATTACHMENT) [l D <i>("X" BOX FOR ATTACH</i>	MENT)
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 NO PAR VALUE			200	COMMON	NO PAR
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
This report must be exec	uted on behalf of the	e corporation by an auth	orized representative. If the	e corporation is in the hands	of a receiver or trustee,

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

_	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date 24/3-09	contained herein are true and correct.
Check No. 6642	Signature Date William N Rushton
By: MMC	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	Title Form 630 Rev. 12/06