

1. Corporate ID No.

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

Form 630 Rev. 08/08

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

401.222.30

Filling Period: January 1 - March 1 • Filling Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.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.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 90174	2. Name of Corporation Columbus Fan & Machine, Corp.					
3. Street Address Principal Business Office 59 Baker Street			City Warren	State RI	<i>Zip</i> 02885	
4. Business Phone No. 5. State of Incorporation Rhode Island			***************************************			
6. Brief Description of the Character of Business Conducted in Rhode Island Manufacture, distribution & sale of Industrial Equipment			,	1111 г. 	E CORP	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name David P. Cioe			CHMENT) FILL IN SPACES BEFORE USING ATTACMENTS Vice President Name David P. Cioe		ATTA MENTS TO TO	
Street Address 59 Baker Street			Street Address 59 Baker Street		至 25.5G	
City Warren	State RI	^{Zip} 02885	City Warren	State RI	02885 VIII	
Secretary Name David P. Cioe			Treasurer Name David P. Cioe			
Street Address 59 Baker Street			Street Address 59 Baker Street			
Warren	State RI	^{Zip} 02885	City Warren	State RI	71p 02885	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name David P. Cioe			ACHMENT)			
Street Address 59 Baker Street			Street Address			
^{City} Warre n	State RI	<i>Zip</i> 02885	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. This report must be executed on behalf of the corporation by an authorize.			Number of Shares	Class/Series Common	Par Value No Par	
			d rappasantative. If the	Common corporation is in the hand	No Par	
this report must be executed of				corporation is in the hand	s of a receiver of trustee,	
	_	1	including any acc	ompanying schedules and sta	that I have examined this report atements, and that all statement	
File Date FILED Charles AUG 1 7 20	NQ		contained herein are true and cornect			
Check No.			David P. Cioe Print or Type Name			
FOR SECRETARY OF STATE USE ONLY			President	President		
. S.			Title			