STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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.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.	2. Name of Corporation
59330	GEORGE O. MARTIN & SON, INC.

3. Street Address Principal Business Office	City	State	Zip
81 Stillwater Road	Smithfield	RI	02917

4. Business Phone No.	5. State of Incorporation
401-232-3002	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
SALES AND SERVICE OF COMMERCIAL AND INDUSTRIAL REFRIGERATION EQUIPMENT

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ *FILL IN SPACES BEFORE USING ATTACHMENTS*

President Name	Street Address	City	State	Zip
Carrie Beth Martin	81 Stillwater Road	Smithfield	RI	02917

Vice President Name	Street Address	City	State	Zip
Audrey T. Martin	81 Stillwater Road	Smithfield	RI	02917

Secretary Name	Street Address	City	State	Zip
Carrie Beth Martin	81 Stillwater Road	Smithfield	RI	02917

Treasurer Name	Street Address	City	State	Zip
Audrey T. Martin	81 Stillwater Road	Smithfield	RI	02917

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ *FILL IN SPACES BEFORE USING ATTACHMENTS*

Director Name	Street Address	City	State	Zip
N/A				

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE	common	no par value

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
-100-	common	no par value
THIS SECTION MUST BE COMPLETED		

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.

[redacted]

59330

File Date FILED
Check No. JAN 13 2010
By: By 18559
FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Carrie Beth Martin, Pres. 1/9/2010
Signature *Date*

Carrie Beth Martin
Print or Type Name

President
Title

[redacted]