



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2011

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. 11970		2. Name of Corporation Goyette Machine Associates, Inc.		
3. Street Address Principal Business Office 23 Carrington Street		City Lincoln	State RI	Zip 02865
4. Business Phone No. 401-724-7772		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island Vibratory feeding equipment for automation and all related accessories.				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Paul R. Goyette		Vice President Name Sandra Goyette		
Street Address 349 Scott Road		Street Address 349 Scott Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI
Secretary Name Lea D. Goyette		Treasurer Name Paul R. Goyette		
Street Address 20 Richard Street		Street Address 349 Scott Road		
City Smithfield	State RI	Zip 02917	City Cumberland	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name none		Director Name none		
Street Address		Street Address		
City	State	Zip	City	State
Director Name none		Director Name none		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
500 comm no par value		Number of Shares none	Class/Series	Par Value

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.

FILED

File Date JAN 06 2011

Check No. By MME

By: 23541

FOR SECRETARY OF STATE USE ONLY

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.

Lea D. Goyette 1/4/11
Signature Date

Lea D. Goyette

Print or Type Name

Secretary ck 23541 \$ 50.00

Title