



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

Corporations Division
148 W. River
Providence, RI 02904-2617
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. 293610		2. Name of Corporation F.M. Generator, Inc.		
3. Street Address Principal Business Office 35 Pequit Street		City Canton	State MA	Zip 02021
4. Business Phone No. 781-828-0026		5. State of Incorporation RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island
Sell, maintain and service generator sets

7. NAMES AND ADDRESSES OF THE OFFICERS: (~~EX-BOX FOR ATTACHMENT~~) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Julie Mitchell			Vice President Name		
Street Address 35 Pequit Street			Street Address		
City Canton	State MA	Zip 02021	City	State	Zip
Secretary Name Rebecca A. King			Treasurer Name Julie Mitchell		
Street Address 35 Pequit Street			Street Address 35 Pequit Street		
City Canton	State MA	Zip 02021	City Canton	State MA	Zip 02021

8. NAMES AND ADDRESSES OF THE DIRECTORS: (~~EX-BOX FOR ATTACHMENT~~) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Michael Molway			Director Name		
Street Address 35 Pequit Street			Street Address		
City Canton	State MA	Zip 02021	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED (~~EX-BOX FOR ATTACHMENT~~) 10. SHARES ISSUED (~~EX-BOX FOR ATTACHMENT~~)

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
275,000.00	cnp	0.00	-1000-	cnp	0.00
			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.



75748
File Date
Check No.
By:
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.

Signature: Julie Mitchell, Pres & Treas. Date: 1/6/11
Julie Mitchell
Print or Type Name
President and Treasurer
Title