



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(ccd)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 39821		2. Name of Corporation MICHAELSON FLUID POWER, INC.			
3. Street Address Principal Business Office 9 ROCKY HILL ROAD			City SMITHFIELD	State RI	Zip 02917
4. Business Phone No. 401-232-7070		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island DISTRIBUTION OF HYDRAULIC EQUIPMENT					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RICHARD CODEGA			Vice President Name PAUL LOPEZ		
Street Address 45 FANNING LANE			Street Address 276 SOUTH STREET		
City SMITHFIELD	State RI	Zip 02828	City MEDFIELD	State MA	Zip 02052
Secretary Name PAUL LOPEZ			Treasurer Name RICHARD CODEGA		
Street Address 276 SOUTH STREET			Street Address 45 FANNING LANE		
City MEDFIELD	State MA	Zip 02052	City SMITHFIELD	State RI	Zip 02828
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	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares		Class/Series		Par Value	
100		COMMON		NON	
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 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 FEB 08 2011  
 Check No. BY 5149  
 By: \_\_\_\_\_  
 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.

Signature Richard Codega Date 2/4/11  
 Print or Type Name Richard Codega  
 Title President