



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2012 FEB 17 AM 11:01

1. Entity ID No. 58348		2. Exact name of the Corporation Structural Powder Equipment Corporation			
3. Principal office address 8 Benefit St		City Providence	State RI	Zip 02904	
4. Business Phone No. 331-5050		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Used equipment for powder processing					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John J. O'Meara			Vice-President Name Sean M. O'Meara		
Street Address PO Box 333, 3 River Meadow Dr.			Street Address 32 Freedom St.		
City Hope Valley	State RI	Zip 02832	City Hopedale	State MA	Zip 01747
Secretary Name John K. O'Meara			Treasurer Name Cecilia A. O'Meara		
Street Address 52 Congress St.			Street Address PO Box 333, 3 River Meadow Dr.		
City Milford	State MA	Zip 01757	City Hope Valley	State RI	Zip 02832
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name John J. O'Meara			Director Name Cecilia A. O'Meara		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Director Name Sean M. O'Meara			Director Name John K. O'Meara		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			400	common	no 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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

FEB 17 2012

BY **163834**

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.

John J. O'Meara 02/13/2012
 Signature of Authorized Representative Date

John J. O'Meara
 Print or Type Name of Authorized Representative