



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 2013

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.

1. Entity ID No. 53359		2. Exact name of the Corporation Production Machine Sales & Service, Inc.			
3. Principal office address 30 Kennedy Plaza - #332		City Providence	State RI	Zip 02903	
4. Business Phone No. (401) 461.6830		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Sales and service of machine parts.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Philip J. O'Hara			Vice-President Name Ellen Crosby O'Hara		
Street Address 30 Kennedy Plaza - #332			Street Address 30 Kennedy Plaza - #332		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Philip J. O'Hara			Treasurer Name Ellen Crosby O'Hara		
Street Address 30 Kennedy Plaza - #332			Street Address 30 Kennedy Plaza - #332		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Philip J. O'Hara			Director Name Ellen Crosby O'Hara		
Street Address 30 Kennedy Plaza - #332			Street Address 30 Kennedy Plaza - #332		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name			Director Name		
Street Address			Street Address		
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
			501	COM	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 \_\_\_\_\_

JAN 09 2013

Check No. \_\_\_\_\_

By: \_\_\_\_\_

BY 4583

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.

✓ Philip J. O'Hara ✓ 1/8/13  
Signature of Authorized Representative Date

Philip J. O'Hara

Print or Type Name of Authorized Representative