



**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

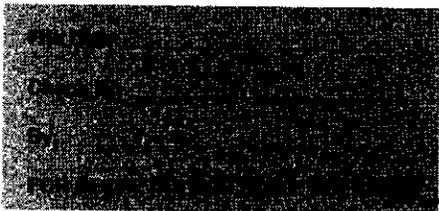
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

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. <b>15996</b>		2. Exact name of the Corporation <b>Hawkins Machine Co. Inc.</b>		
3. Principal office address <b>374 Hopkins Hill Rd, PO Box 315</b>		City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
4. Business Phone No. <b>401-828-1424</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island				
President Name <b>Charles S. Hawkins Sr.</b>		Vice-President Name <b>SAME</b>		
Street Address <b>374 Hopkins Hill Rd.</b>		Street Address		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City	State
Secretary Name <b>SAME AS ABOVE</b>		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name <b>Charles S. Hawkins Sr.</b>		Director Name <b>Lynda Hawkins</b>		
Street Address <b>374 Hopkins Hill Road</b>		Street Address		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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 <b>1000</b>	CLASS/SERIES	PAR VALUE <b>0</b>
		<b>0</b>		<b>0</b>

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**

JAN 15 2013

**27037**

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 of Authorized Representative

Date

Print or Type Name of Authorized Representative