



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. 10238		2. Exact name of the Corporation METHODS AND MACHINING SERVICES COMPANY, INC.			
3. Principal office address 140 Uxbridge Street			City Cranston	State RI	Zip 02920
4. Business Phone No. 401-942-5700		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To provide machining service and industrial consulting					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name Leonard A. Nulman			Vice-President Name Cynthia A. Nulman		
Street Address 140 Uxbridge Street			Street Address 140 Uxbridge Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
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 700	CLASS/SERIES	PAR VALUE 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.

FILED

MAR 06 2013

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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.

Leonard Nulman, Pres 2/23/13
 Signature of Authorized Representative Date

LEONARD NULMAN, PRES 2/23/13
 Print or Type Name of Authorized Representative