



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. 159076		2. Exact name of the Corporation EQUIPMENT REPAIR, INC.			
3. Principal office address 35 Terminal Road		City Providence	State RI	Zip 02905	
4. Business Phone No. 401-461-9900		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Equipment Repair Services					
7. President Name Bruce P. Waterson					
Street Address 35 Terminal Road			Vice-President Name Carol J. Waterson		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Secretary Name Carol J. Waterson			Treasurer Name Bruce P. Waterson		
Street Address 35 Terminal Road			Street Address 35 Terminal Road		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Bruce P. Waterson			Director Name Carol J. Waterson		
Street Address 35 Terminal Road			Street Address 35 Terminal Road		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
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	
334				0	

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 CORPORATIONS DIV
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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: _____

FILED

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]
 Signature of Authorized Representative Date **7/9/13**

Bruce P. Waterson
 Print or Type Name of Authorized Representative

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 Form No. 530
 Revised: 01/2012
JUL 11 2013

By **49-201383**
A-A. 11:41 A.M.