RI SOS Filing Number: 201436734790 Date: 03/03/2014 4:00 PM

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 2014

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.	2. Exact name of the Corporation			
13942	EXETER GENERAL, INC			
3. Principal office address: 339A So. County Trail Exeter 02822		City: EXETER	State: RI	Zip: 02822
4. Business Phone No.: 401-294-4836		5. State of Incorporation		
6. Brief description of the character of business conducted in Rhode Island: MFG., DIST., SALES OF SNOWPLOWS + TRUCK BODIES		RENTAL OF BUILDING FOR THE		

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: ROBERT T. HOWE			Vice-President Name: CRAIG W. HOWE		
Street Address: 7 STATE ST.			Street Address: 20 BORDER ST.		
City: NO. KINGSTOWN	State: RI	Zip: 02852	City: AMHERST	State: NH	Zip: 03031
Secretary Name: MARK HOWE			Treasurer Name: FRED HOWE		
Street Address: 33 MARTIN ST.			Street Address: 339A S. COUNTY TR.		
City: MILLBURY	State: MA	Zip: 01527	City: EXETER	State: RI	Zip: 02822

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: ROBERT T. HOWE			Director Name: CRAIG W. HOWE		
Street Address: 7 F STATE ST.			Street Address: 20 BORDER ST.		
City: NO. KINGSTOWN	State: RI	Zip: 02852	City: AMHERST	State: NH	Zip: 03031
Director Name: MARK HOWE			Director Name: FRED HOWE		
Street Address: 33 MARTIN ST.			Street Address: 339A So. COUNTY TR.		
City: MILLBURY	State: MA	Zip: 01527	City: EXETER	State: RI	Zip: 02822

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	600	COMMON	NO PAR

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
MAR 03 2014
BY 1651

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: 12/16/13

Robert Howe
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

103529-88-950595