



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. 535787		2. Exact name of the Corporation Lockwood/McKinnon Company, Inc.			
3. Principal office address 79 North Main Street		City Mansfield	State MA	Zip 02048	
4. Business Phone No. 508-339-6150		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Providing employees to Taco Bell franchisees and all other business purposes allowed by the General Laws of Rhode Island					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David A. Lockwood			Vice-President Name		
Street Address 10 Stenbeck Place			Street Address		
City Scituate	State MA	Zip 02066	City	State	Zip
Secretary Name David A. Lockwood			Treasurer Name David A. Lockwood		
Street Address 10 Stenbeck Place			Street Address 10 Stenbeck Place		
City Scituate	State MA	Zip 02066	City Scituate	State MA	Zip 02066
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Roger A. Lockwood			Director Name A. Gordon McKinnon		
Street Address 8 Victoria Circle			Street Address 15 Marjan Drive		
City Norwood	State MA	Zip 02062	City E. Bridgewater	State MA	Zip 02333
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
			12,500	common	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 _____

Check No _____

By: _____

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.

Signature of Authorized Representative _____ Date **03/07/2014**

David A. Lockwood

Print or Type Name of Authorized Representative

FILED
MAR 17 2014
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