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		
52950	**C&S Machine Co., Inc.**		
3. Principal office address: **55 Pawtucket Avenue Bldg 1A**	City: **East Providence**	State: **RI**	Zip: **02916**
4. Business Phone No.: **401-431-1830**	5. State of Incorporation: **RI**		
6. Brief description of the character of business conducted in Rhode Island: **Manufacturer of screw machine products**			

President Name: **Brian J. Crevier**	Vice-President Name: **Brian J. Crevier**
Street Address: **62 Thurston Street**	Street Address: **62 Thurston Street**
City: **Riverside** State: **RI** Zip: **02915**	City: **Riverside** State: **RI** Zip: **02915**
Secretary Name: **Brian J. Crevier**	Treasurer Name: **Brian J. Crevier**
Street Address: **62 Thurston Street**	Street Address: **62 Thurston Street**
City: **Riverside** State: **RI** Zip: **02915**	City: **Riverside** State: **RI** Zip: **02915**

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

Director Name: **Brian J. Crevier**	Director Name:
Street Address: **62 Thurston Street**	Street Address:
City: **Riverside** State: **RI** Zip: **02915**	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	CLASS/SERIES	PAR VALUE
100	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.

FILED
JUN 13 2014
BY 12753

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.

06/11/2014
Signature of Authorized Representative — Date

Brian J. Crevier
Print or Type Name of Authorized Representative

File Date:
Check No.:
By:
FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012