



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 **2015**

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. 15243		2. Exact name of the Corporation O.J. HANRATTY MACHINE, INC.			
3. Principal office address 8 HAZEL STREET		City COVENTRY	State RI	Zip 02816	
4. Business Phone No. 401-828-1038		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island GENERAL MACHINE SHOP OPERATION.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name O. J. HANRATTY, JR.			Vice-President Name O. J. HANRATTY, III		
Street Address 109 SAND HILL COVE ROAD			Street Address 620 HOPE STREET		
City NARRAGANSETT	State RI	Zip 02882	City PROVIDENCE	State RI	Zip 02906
Secretary Name NELL A. HANRATTY			Treasurer Name NELL A. HANRATTY		
Street Address 109 SAND HILL COVE ROAD			Street Address 109 SAND HILL COVE ROAD		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name O. J. HANRATTY, JR.			Director Name NELL A. HANRATTY		
Street Address 109 SAND HILL COVE ROAD			Street Address 109 SAND HILL COVE ROAD		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
Director Name O. J. HANRATTY, III			Director Name		
Street Address 620 HOPE STREET			Street Address		
City PROVIDENCE	State RI	Zip 02906	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
			60	COMMON	NONE

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

Form No. 630
Revised: 01/2012

BY 2528

MAR 02 2015

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

O. J. HANRATTY, JR., PRESIDENT

Print or Type Name of Authorized Representative