



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

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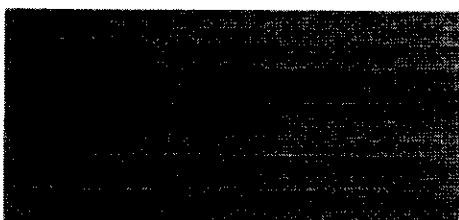
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

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. 56461		2. Exact name of the Corporation MGB MACHINE INC			
3. Principal office address 60 MAGNOLIA STREET, P O BOX 114		City BRISTOL		State RI	Zip 02809
4. Business Phone No. 401-253-0055		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island MACHINE SHOP					
President Name MANUEL G BOTELHO					
Vice-President Name MANUEL G BOTELHO					
Street Address 78 RICHMOND STREET					
City BRISTOL		State RI	Zip 02809	City BRISTOL	
State RI		Zip 02809	State RI		Zip 02809
Secretary Name MANUEL G BOTELHO					
Treasurer Name MANUEL G BOTELHO					
Street Address 78 RICHMOND STREET					
City BRISTOL		State RI	Zip 02809	City BRISTOL	
State RI		Zip 02809	State RI		Zip 02809
Director Name MANUEL G BOTELHO					
Director Name					
Street Address 78 RICHMOND STREET					
Street Address					
City BRISTOL		State RI	Zip 02809	City	
State RI		Zip 02809	State		Zip
Director Name					
Director Name					
Street Address					
Street Address					
City		State	Zip	City	
State		Zip	State		Zip
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					
1000					
COMMON					
\$1.00					

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

JAN 14 2016

10109

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.

Manuel G. Botelho
Signature of Authorized Representative

1/11/16
Date

MANUEL G BOTELHO

Print or Type Name of Authorized Representative