STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

*Filing Period: January 1 - March 1 • Filing Fee: $50.00** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.

1. Corporate ID No.: 293610
2. Name of Corporation: F.M. Generator, Inc.
3. Street Address Principal Business Office: 35 Pequit Street — City: Canton — State: MA — Zip: 02021
4. Business Phone No.: 781-828-0026
5. State of Incorporation: RHODE ISLAND
6. Brief Description of the Character of Business Conducted in Rhode Island: Sell, maintain and service generator sets

7. NAMES AND BUSINESS ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
Julie Mitchell	35 Pequit Street	Canton	MA	02021

Secretary Name	Street Address	City	State	Zip
Rebecca A. King	35 Pequit Street	Canton	MA	02021

Vice President Name	Street Address	City	State	Zip

Treasurer Name	Street Address	City	State	Zip
Julie Mitchell	35 Pequit Street	Canton	MA	02021

8. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
Michael Molway	35 Pequit Street	Canton	MA	02021

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES: Number of Shares	Class/Series	Par Value	ISSUED SHARES — THIS SECTION MUST BE COMPLETED: Number of Shares	Class/Series	Par Value
275,000.00	cnp	0.00	-1000-	cnp	0.00

THIS SECTION MUST BE COMPLETED

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.

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.

X Rebecca A. King — Date: 1/6/2016

Signature

Rebecca A. King

Print or Type Name

Secretary

Title

FILED
JAN 21 2016
By KL 21891

75748
File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/06