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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 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.**

RECEIVED
2016 FEB 16 PM 12:51
SECRETARY OF STATE
CORPORATIONS DIV.

1. Entity ID No.	2. Exact name of the Corporation
31501	MANUFACTURING MACHINE CORPORATION

3. Principal office address	City	State	Zip
1090 Main Street	Pawtucket	RI	02860

4. Business Phone No.	5. State of Incorporation
(401) 724-4330	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
General Machine Shop

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Lori J. Dias	273 Warhurst Avenue	Swansea	MA	02777

Vice-President Name	Street Address	City	State	Zip
Brad C. Berube	92 Lake Avenue	Fall River	MA	02721

Secretary Name	Street Address	City	State	Zip
Brad C. Berube	92 Lake Avenue	Fall River	MA	02721

Treasurer Name	Street Address	City	State	Zip
Lori J. Dias	273 Warhurst Avenue	Swansea	MA	02777

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

Director Name	Street Address	City	State	Zip
Lori J. Dias	273 Warhurst Avenue	Swansea	MA	02777

Director Name	Street Address	City	State	Zip
Brad C. Berube	92 Lake Avenue	Fall River	MA	02721

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	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.

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 2/12/16

Lori J. Dias
Print or Type Name of Authorized Representative

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
FEB 16 2016
By 267755

Form No. 630
Revised: 01/2012
132640-10-1104740