



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.

1. Entity ID No. 91908		2. Exact name of the Corporation THE SNOW PLOW CONTROLS INC.		
3. Principal office address 33914 S. COUNTY TR.		City STUTTER	State RI	Zip 02832
4. Business Phone No. 401-397-4700		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island MANUFACTURING OF SNOW PLOWS, PARTS & SERVICE				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐				
President Name Rob Hone		Vice-President Name Rob Hone		
Street Address 75 STATE ST.		Street Address 75 STATE ST.		
City H. KINGSTOWN	State RI	Zip 02852	City H. KINGSTOWN	State RI
Secretary Name Rob Hone		Treasurer Name Rob Hone		
Street Address 75 STATE ST.		Street Address 75 STATE ST.		
City H. KINGSTOWN	State RI	Zip 02852	City H. KINGSTOWN	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐				
Director Name Rob Hone		Director Name		
Street Address 75 STATE ST.		Street Address		
City H. KINGSTOWN	State RI	Zip 02852	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
		600	COMMON	NO

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 **9390**

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 26 2016

KL 9390

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

Print or Type Name of Authorized Representative

2/19/16
Date