



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. 93760		2. Exact name of the Corporation MACHINE DIAGNOSTICS, INC.					
3. Principal office address 393 Plain Road				City West Greenwich	State RI	Zip 02817-0000	
4. Business Phone No.				5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island electronic machinery repairs and sales							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Cameron M. Hubbard				Vice-President Name Cameron M. Hubbard			
Street Address 393 Plain Road				Street Address 393 Plain Road			
City West Greenwich	State RI	Zip 02817-		City West Greenwich	State RI	Zip 02817-	
Secretary Name Mary T. Hubbard				Treasurer Name Cameron M. Hubbard			
Street Address 393 Plain Road				Street Address 393 Plain Road			
City West Greenwich	State RI	Zip 02817-		City West Greenwich	State RI	Zip 02817-	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name Cameron M. Hubbard				Director Name none			
Street Address 393 Plain Road				Street Address none			
City West Greenwich	State RI	Zip 02817-		City none	State none	Zip none	
Director Name none				Director Name none			
Street Address none				Street Address none			
City none	State none	Zip none		City none	State none	Zip none	
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	
				100	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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BY 146a

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.

Cameron M. Hubbard 1/04/2016
 Signature of Authorized Representative Date

Cameron M. Hubbard
 Print or Type Name of Authorized Representative
President