



State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

*Amended*

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV

2016 MAY 17 AM 9:18

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1

Filing Fee: \$50.00 \*FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number <b>113199</b>		2. Exact name of the Corporation <b>Edt Matt Equipment Services INC</b>	
3. Principal Office Address <b>27 Commerce St</b>		City <b>Greenville</b>	State <b>RI</b>
		Zip <b>02828</b>	
4. Business Phone Number <b>401-949-6850</b>		5. State of Incorporation <b>Rhode Island</b>	
6. Brief description of the character of business conducted in Rhode Island <b>Sales, Rental, Repair of Small Construction + Landscape Equipment</b>			
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Matthew Borden</b>		Vice-President Name <b>Christopher Borden</b>	
Street Address <b>361 Seaview Ave</b>		Street Address <b>33 Kennedy Rd</b>	
City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>	City <b>Foster</b>
			State <b>RI</b>
			Zip <b>02865</b>
Secretary Name <b>Alexander Borden</b>		Treasurer Name <b>Alexander Borden</b>	
Street Address <b>155 Foster Center Rd</b>		Street Address <b>155 Foster Center Rd</b>	
City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>	City <b>Foster</b>
			State <b>RI</b>
			Zip <b>02825</b>
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. Shares Authorized		10. Shares Issued <span style="float:right">Check box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		<b>4000</b>	
			PAR VALUE
11. 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. <b>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.</b>			
Name of Authorized Representative <b>Matthew Borden</b>		Date <b>5/17/16</b>	
Signature of Authorized Representative <i>Matthew Borden</i>		SIGN DOCUMENT HERE	

FILED

MAY 17 2016

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State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

