



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

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SECRETARY OF STATE
CORPORATIONS DIV
2016 JUN 13 AM 11:39

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. 747733		2. Exact name of the Corporation SOMATEX INC.		
3. Principal office address PO BOX 487		City PITTSFIELD	State ME	Zip 04967
4. Business Phone No. 207-487-6141		5. State of Incorporation MAINE		
6. Brief description of the character of business conducted in Rhode Island MANUFACTURE, INSTALLATION AND SERVICE OF OVERHEAD CRANES				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☐				
President Name JASON AMARA		Vice-President Name ANDREW WILSON		
Street Address 11 HUFF ROAD		Street Address PO BOX 72		
City PITTSFIELD	State ME	Zip 04967	City PITTSFIELD	State ME
Secretary Name		Treasurer Name LAURIE FERLAND		
Street Address		Street Address 1261 SHANNOCK ROAD		
City	State	Zip	City CHARLESTOWN	State RI
			Zip 02813	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☐				
Director Name LAURIE FERLAND		Director Name JASON AMARA		
Street Address 1261 SHANNOCK ROAD		Street Address 11 HUFF ROAD		
City CHARLESTOWN	State RI	Zip 02813	City PITTSFIELD	State ME
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
			Zip	
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
10,000.00		A		\$52,9000
10,000.00		C		\$40,0000

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

11:41 AM

FILED

JUN 13 2016

By 276580

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

LAURIE FERLAND

Print or Type Name of Authorized Representative

6/6/2016
Date

KM