

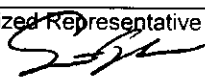


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2017**

**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>000791918</b>		2. Exact name of the Corporation <b>BOBCAT OF CONNECTICUT, INC.</b>			
3. Principal Office Address <b>54 ALNA LANE</b>		City <b>EAST HARTFORD</b>		State <b>CT</b>	Zip <b>06108</b>
4. NAICS Code <b>44-45 - Retail Trade</b>	6. Brief description of the character of business conducted in Rhode Island <b>Bobcat Equipment Dealer and other compact equipment sales, service, rental and parts</b>				
5. State of Incorporation <b>CT</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>STUART GRAHAM</b>			Vice-President Name <b>STUART GRAHAM</b>		
Street Address <b>12 COUNTRY CLUB ROAD</b>			Street Address		
City <b>WEST SIMSBURY</b>	State <b>CT</b>	Zip <b>06092</b>	City	State	Zip
Secretary Name <b>STUART GRAHAM</b>			Treasurer Name <b>STUART GRAHAM</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <b>This information is currently of record in the Department of State.</b> <b>Changes require an additional filing.</b>			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100 A 0		
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>STUART GRAHAM</b>				Date <b>01/11/2017</b>	
Signature of Authorized Representative 				<b>FILED</b> SIGN DOCUMENT HERE	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2016