



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 20417		2. Exact name of the Corporation RICE MACHINERY, INC.			
3. Principal Office Address 1104 PONTIAC AVENUE		City CRANSTON		State RI	Zip 02920
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island MACHINE TOOL SALES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PETER G. McLAUGHLIN			Vice-President Name PETER G. McLAUGHLIN		
Street Address 8 PEARL STREET			Street Address 8 PEARL STREET		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name PETER G. McLAUGHLIN			Treasurer Name PETER G. McLAUGHLIN		
Street Address 8 PEARL STREET			Street Address 8 PEARL STREET		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PETER G. McLAUGHLIN			Director Name THERESA McLAUGHLIN		
Street Address 8 PEARL STREET			Street Address 8 PEARL STREET		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	COMMON	NO 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. 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.					
Name of Authorized Representative Peter G. McLaughlin				Date Jan. 13, 2017	
Signature of Authorized Representative 				FILED	

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

JAN 23 2017

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