



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. Corporate ID No. 115366		2. Name of Corporation MACHINEX CORP.			
3. Street Address Principal Business Office 350 George Washington Highway			City Smithfield	State RI	Zip 02917
4. NAICS Code 31-33		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Manufacturer of screw machine products					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joan E. Gagnon			Vice President Name		
Street Address 350 George Washington Highway			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name Joan E. Gagnon			Treasurer Name Joan E. Gagnon		
Street Address 350 George Washington Highway			Street Address 350 George Washington Highway		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joan E. Gagnon			Director Name		
Street Address 350 George Washington Highway			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			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.					
			ISSUED SHARES – THIS SECTION MUST BE COMPLETED		
		Number of Shares	Class/Series	Par Value	
		105 shares common stock 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.

Signature

Joan E. Gagnon

Print or Type Name

President

Title

FILED

JAN 26 2017

BY

[Handwritten signature]

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