



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. 142552		2. Name of Corporation Precision Vending Co., Inc.		
3. Street Address Principal Business Office 45 Wilclar Street		City Warwick	State RI	Zip 02886
4. NAICS Code 72	5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Retail sales of food and beverage through vending machines				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Richard C. Sherman		Vice President Name Maria L. Sherman		
Street Address 45 Wilclar Street		Street Address 45 Wilclar Street		
City Warwick	State RI	Zip 02886	City Warwick	State RI
Secretary Name Richard C. Sherman		Treasurer Name Maria L. Sherman		
Street Address 45 Wilclar Street		Street Address 45 Wilclar Street		
City Warwick	State RI	Zip 02886	City Warwick	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
		10 shares common stock of 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.

Richard C. Sherman
 Signature

2-12-17
 Date

Richard C. Sherman
 Print or Type Name

President
 Title

FILED

FEB 21 2017

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MAIL TO:
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 Website: www.sos.ri.gov