



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 93760		2. Exact name of the Corporation MACHINE DIAGNOSTICS, INC.			
3. Principal Office Address 393 Plain Road			City West Greenwich	State RI	Zip 02817-0000
4. Business Phone Number:		6. Brief description of the character of business conducted in Rhode Island electronic machinery repairs and sales			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Cameron M. Hubbard			Vice-President Name Cameron M. Hubbard		
Street Address 393 Plain Road			Street Address 393 Plain Road		
City West Greenwich	State RI	Zip 02817-	City West Greenwich	State RI	Zip 02817-
Secretary Name Mary T. Hubbard			Treasurer Name Cameron M. Hubbard		
Street Address 393 Plain Road			Street Address 393 Plain Road		
City West Greenwich	State RI	Zip 02817-	City West Greenwich	State RI	Zip 02817-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Cameron M. Hubbard			Director Name none		
Street Address 393 Plain Road			Street Address none		
City West Greenwich	State RI	Zip 02817-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
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
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 Cameron M. Hubbard President				Date 1/02/2017	
Signature of Authorized Representative 					

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

BY

MAR 03 2017

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FORM 630 - Revised: 08/2016