



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2018  
Corporation

STAMP

- 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 <u>99689</u>		2. Exact name of the Corporation <u>Southern R.I. Equipment Sales, Inc.</u>			
3. Principal Office Address <u>69 MORRIS STREET</u>		City <u>WARWICK</u>		State <u>R.I.</u>	Zip <u>02889</u>
4. NAICS Code <u>423810</u>	6. Brief description of the character of business conducted in Rhode Island <u>Buy and Resell or RENT Machinery and equipment for the use in the construction Trades</u>				
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>HAROLD CAHOON</u>			Vice-President Name <u>NONE</u>		
Street Address <u>69 MORRIS STREET</u>			Street Address		
City <u>WARWICK</u>	State <u>R.I.</u>	Zip <u>02889</u>	City	State	Zip
Secretary Name <u>HAROLD CAHOON</u>			Treasurer Name <u>HAROLD CAHOON</u>		
Street Address <u>69 MORRIS STREET</u>			Street Address <u>69 MORRIS STREET</u>		
City <u>WARWICK</u>	State <u>R.I.</u>	Zip <u>02889</u>	City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02889</u>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>HAROLD CAHOON</u>			Director Name		
Street Address <u>69 MORRIS STREET</u>			Street Address		
City <u>WARWICK</u>	State <u>R.I.</u>	Zip <u>02889</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
Changes require an additional filing.			NUMBER OF SHARES <u>1,000</u>	CLASS/SERIES <u>Common</u>	PAR VALUE <u>No Par Value</u>
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					Date <u>1/17/2018</u>
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

FILED

JAN 22 2018

BY 1391

FORM 630 - Revised: 10/2017