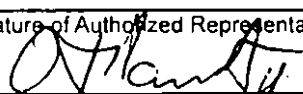




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
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 15243		2. Exact name of the Corporation O. J. HANRATTY MACHINE, INC.			
3. Principal Office Address 8 HAZEL STREET		City COVENTRY		State RI	Zip 02816
4. NAICS Code 331110		6. Brief description of the character of business conducted in Rhode Island GENERAL MACHINE SHOP WORK.			
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 O. J. HANRATTY, JR.			Vice-President Name		
Street Address 109 SAND HILL COVE ROAD			Street Address		
City NARRAGANSETT	State RI	Zip 02882	City	State	Zip
Secretary Name NELL A. HANRATTY			Treasurer Name NELL A. HANRATTY		
Street Address 109 SAND HILL COVE ROAD			Street Address 109 SAND HILL COVE ROAD		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name O. J. HANRATTY, JR.			Director Name NELL A. HANRATTY		
Street Address 109 SAND HILL COVE ROAD			Street Address 109 SAND HILL COVE ROAD		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 60	CLASS/SERIES COMMON	PAR VALUE NONE
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 O. J. HANRATTY, JR., PRESIDENT				Date 1/9/2018	
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

FILED
JAN 25 2018

RY

3970

FORM 630 - Revised: 10/2017