



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

STAMP

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. 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 352722		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 125 Central Pike			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
Secretary Name Joan E. Gagnon			Treasurer Name Joan E. Gagnon		
Street Address 125 Central Pike			Street Address 125 Central Pike		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
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 125 Central Pike			Street Address		
City Foster	State RI	Zip 02825	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*

Date: *1/22/18*

Print or Type Name: **Joan E. Gagnon**

Title: **President**

FILED

JAN 29 2018

BY: *10297 DS*