



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 <b>98017</b>		2. Exact name of the Corporation <b>MOTORS, HOISTS, &amp; CONTROLS, INC.</b>			
3. Principal Office Address <b>179 Railroad Street</b>		City <b>Woonsocket</b>		State <b>Ri</b>	Zip <b>02895</b>
4. NAICS Code <b>999999</b>		6. Brief description of the character of business conducted in Rhode Island <b>SALE AND REPAIR OF MOTORS, CONTROLS AND HOISTING EQUIPMENT</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Ronald P. Mercier</b>			Vice-President Name <b>Vacant</b>		
Street Address <b>102 Stoddard Drive</b>			Street Address		
City <b>North Attleboro</b>	State <b>MA</b>	Zip <b>02760</b>	City	State	Zip
Secretary Name <b>Manuel Sousa</b>			Treasurer Name <b>Manuel Sousa</b>		
Street Address <b>337 Holmes Road</b>			Street Address <b>337 Holmes Road</b>		
City <b>North Attleboro</b>	State <b>MA</b>	Zip <b>02760</b>	City <b>North Attleboro</b>	State <b>MA</b>	Zip <b>02760</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Manuel Sousa</b>			Director Name		
Street Address <b>337 Holmes Road</b>			Street Address		
City <b>North Attleboro</b>	State <b>MA</b>	Zip <b>02760</b>	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		CLASS/SERIES
			100		COMMON
					PAR VALUE
					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 <b>RONALD P. MERCIER</b>					Date <b>1/25/2018</b>
Signature of Authorized Representative <i>Ronald P. Mercier</i>					

FILED  
JAN 31 2018  
BY 9485 DS