



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

FILED

JAN 31 2018

BY 9485 DS

MAIL TO:
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 Website: www.sos.ri.gov