



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 000126187		2. Exact name of the Corporation H. B. Precision Products, Inc.			
3. Principal Office Address 21 Lark Industrial Parkway			City Greenville	State RI	Zip 02828
4. NAICS Code 332117		6. Brief description of the character of business conducted in Rhode Island Provide Machining Services			
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 R. Houle			Vice-President Name Ronald R. Houle		
Street Address 17 Lincoln Drive			Street Address 17 Lincoln Drive		
City No. Smithfield	State RI	Zip 02896	City No. Smithfield	State RI	Zip 02896
Secretary Name Ronald R. Houle			Treasurer Name Ronald R. Houle		
Street Address 17 Lincoln Drive			Street Address 17 Lincoln Drive		
City No. Smithfield	State RI	Zip 02896	City No. Smithfield	State RI	Zip 0296
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ronald R. Houle			Director Name		
Street Address 17 Lincoln Drive			Street Address		
City No. Smithfield	State RI	Zip 02896	City	State	Zip
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		CLASS/SERIES		PAR VALUE	
1000		Common		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.					
Name of Authorized Representative					Date
Signature of Authorized Representative <i>Ronald R. Houle</i>					FILED 2/7/18

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2017