



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 19103		2. Exact name of the Corporation Ocean State Machine Co., Inc.			
3. Principal Office Address 65 Dunnell Lane		City Pawtucket		State RI	Zip 02861
4. NAICS Code 541410		6. Brief description of the character of business conducted in Rhode Island <i>Manufacturing, repair, sale of screw machine parts and general machine shop business</i>			
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 Robert Trottier			Vice-President Name Eileen Trottier		
Street Address 65 Dunnell Lane			Street Address 65 Dunnell Lane		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Robert Trottier			Treasurer Name Eileen Trottier		
Street Address 65 Dunnell Lane			Street Address 65 Dunnell Lane		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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	
		100	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 EILEEN TROTTIER					Date 2-7-18
Signature of Authorized Representative <i>Eileen Trottier</i>					SEAL/STAMP 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

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BY 30774 DS

FORM 630 - Revised: 10/2017