



State of Rhode Island and Providence Plantations

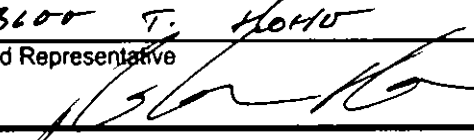
Department of State - Business Services Division

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 <u>91908</u>		2. Exact name of the Corporation <u>THE SHOWPACOW COMPANY INC.</u>			
3. Principal Office Address <u>45 INDUSTRIAL DRIVE</u>		City <u>EXETER</u>	State <u>RI</u>	Zip <u>02822</u>	
4. NAICS Code <u>333120</u>	6. Brief description of the character of business conducted in Rhode Island <u>MANUFACTURER OF SHOWPACOWS & TRUCK INSERT</u> <u>DUMPERS</u>				
5. State of Incorporation <u>RHODE ISLAND</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>ROBLOR T. HOMO</u>			Vice-President Name <u>MARK F. HOMO</u>		
Street Address <u>7 F STATE ST.</u>			Street Address <u>33 MARTIN ST.</u>		
City <u>H. KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>MILLBURY</u>	State <u>MA</u>	Zip <u>01728</u>
Secretary Name <u>ROBLOR T. HOMO</u>			Treasurer Name <u>ROBLOR T. HOMO</u>		
Street Address <u>339A SOUTH COUNTRY TRAIL</u>			Street Address <u>339A SOUTH COUNTRY TRAIL</u>		
City <u>EXETER</u>	State <u>RI</u>	Zip <u>02822</u>	City <u>EXETER</u>	State <u>RI</u>	Zip <u>02822</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>ROBLOR T. HOMO</u>			Director Name <u>MARK F. HOMO</u>		
Street Address <u>7 F STATE ST.</u>			Street Address <u>33 MARTIN ST.</u>		
City <u>H. KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>MILLBURY</u>	State <u>MA</u>	Zip <u>01728</u>
Director Name <u>ROBLOR T. HOMO</u>			Director Name		
Street Address <u>339A SOUTH COUNTRY TRAIL</u>			Street Address		
City <u>EXETER</u>	State <u>RI</u>	Zip <u>02822</u>	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		
			<u>600</u>		
			<u>COMMON</u>		
			<u>10000</u>		
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. <u>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.</u>					
Name of Authorized Representative <u>ROBLOR T. HOMO</u>					Date <u>5/20/18</u>
Signature of Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAY 25 2018
BY 9610 DS FORM 630 - Revised: 10/2017