



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 91908		2. Exact name of the Corporation THE SHOWPLOW COMPANY INC.			
3. Principal Office Address 45 INDUSTRIAL DRIVE			City EXETER	State RI	Zip 02822
4. NAICS Code 333120		6. Brief description of the character of business conducted in Rhode Island MANUFACTURER OF SHOWPLOWS & TRUCK INSERT DUMPERS			
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 ROBLOR T. HOMO			Vice-President Name MARK F. HOMO		
Street Address 7 F STATE ST.			Street Address 33 MARTIN ST.		
City H. KINGSTOWN	State RI	Zip 02852	City MILLBURY	State MA	Zip 01728
Secretary Name FRED T. HOMO			Treasurer Name FRED T. HOMO		
Street Address 339A SOUTH COUNTY TRAIL			Street Address 339A SOUTH COUNTY TRAIL		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name ROBLOR T. HOMO			Director Name MARK F. HOMO		
Street Address 7 F STATE ST.			Street Address 33 MARTIN ST.		
City H. KINGSTOWN	State RI	Zip 02852	City MILLBURY	State MA	Zip 01728
Director Name FRED T. HOMO			Director Name		
Street Address 339A SOUTH COUNTY TRAIL			Street Address		
City EXETER	State RI	Zip 02822	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		600		COMMON	
				HOMO	
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 ROBLOR T. HOMO					Date 5/20/18
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 91010 DS FORM 630 - Revised: 10/2017