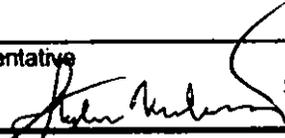


Department of State - Business Services Division

Annual Report for the year: 2015
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

REC'D
 R.I. DEPT. OF STATE
 BUS. S.
 2018 DEC 1
 PH: 03
 ZIP: 02818

1. Entity ID Number 000070593		2. Exact name of the Corporation Pro Machining Services Inc.			
3. Principal Office Address 50 Fairmount Drive			City East Greenwich	State RI	Zip 02818
4. NAICS Code 334510		6. Brief description of the character of business conducted in Rhode Island Machine and Laser Consulting Services, Onsite inspection and review. Title: 7-1.1-51			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephen Medeiros			Vice-President Name N/A		
Street Address 50 Fairmount Drive			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name N/A			Treasurer Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stephen Medeiros			Director Name N/A		
Street Address 50 Fairmount Drive			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Director Name N/A			Director Name N/A		
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
		1		STK	\$ 0.0000
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 Stephen Medeiros				Date 12/09/18	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615

DEF 11 2018
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