



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 98017		2. Name of Corporation MOTORS, HOISTS, & CONTROLS, INC.			
3. Street Address Principal Business Office 179 RAILROAD STREET			City WOONSOCKET	State RI	Zip 02895
4. Business Phone No. 4017674568		5. State of Incorporation RHODE ISLAND			6. SIC Code 9035
7. Brief Description of the Character of Business Conducted in Rhode Island SALE AND REPAIR OF MOTORS, CONTROLS, AND HOISTING EQUIPMENT.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ronald P. Mercier			Vice President Name		
Street Address 102 Stoddard Drive			Street Address		
City N. Attleboro	State MA	Zip 02760	City	State	Zip
Secretary Name Wanda P. Mercier			Treasurer Name Ronald P. Mercier		
Street Address 102 Stoddard Drive			Street Address 102 Stoddard Drive		
City N. Attleboro	State MA	Zip 02760	City N. Attleboro	State MA	Zip 02760
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Ronald P. Mercier			Director Name Wanda P. Mercier		
Street Address 102 Stoddard Drive			Street Address 102 Stoddard Drive		
City N. Attleboro	State MA	Zip 02760	City N. Attleboro	State MA	Zip 02760
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 COMM NO PAR VALUE			100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



9 8 0 1 7

98017 DBC 02/15/05 04:09:20 PM

File Date **FILED**

Check No. **FEB 28 2005 3789**

By: **CB**

FOR SECRETARY OF STATE USE ONLY

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.

Ronald P. Mercier 2-25-05
Signature of Officer Date
Ronald P. Mercier
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 98017
2. Name of Corporation MOTORS, HOISTS, & CONTROLS, INC.
3. Street Address Principal Business Office 179 Railroad Street
City Woonsocket State RI Zip 02895
4. Business Phone No. 767-4568
5. State of Incorporation Rhode Island
6. SIC Code 9035

7. Brief Description of the Character of Business Conducted in Rhode Island
Sale and repair of electric motors, controls and hoisting equipment

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Ronald P. Mercier Street Address 102 Stoddard Drive City State Zip No. Attleboro MA 02760	Vice President Name Manuel Sousa Street Address 115 Front Street City State Zip Woonsocket RI 02895
Secretary Name Manuel Sousa Street Address 115 Front Street City State Zip Woonsocket RI 02895	Treasurer Name Manuel Sousa Street Address 115 Front Street City State Zip Woonsocket RI 02895

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Manuel Sousa Street Address 115 Front Street City State Zip Woonsocket RI 02895	Director Name Street Address City State Zip
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES	ISSUED SHARES
Number of Shares Class/Series Par Value	Number of Shares Class/Series Par Value
2000 Common no par	100 Common no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 9/15/04
Check No.: 3549
By: DA

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.

Signature of Officer: Ronald P. Mercier Date: 8/19/04
Print or Type Name of Officer: RONALD P. MERCIER
Title of Officer: PRESIDENT



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 98017
 2. Name of Corporation MOTORS, HOISTS, & CONTROLS, INC.
 3. Street Address Principal Business Office 179 Railroad Street
 City Woonsocket State RI Zip 02895
 4. Business Phone No. 767-4568
 5. State of Incorporation Rhode Island
 6. SIC Code 9035

7. Brief Description of the Character of Business Conducted in Rhode Island
 Sale and repair of electric motors, controls and hoisting equipment

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Ronald P. Mercier Street Address 102 Stoddard Drive City State Zip No. Attleboro MA 02760	Vice President Name Manuel Sousa Street Address 115 Front Street City State Zip Woonsocket RI 02895
Secretary Name Manuel Sousa Street Address Same as above City State Zip	Treasurer Name Manuel Sousa Street Address Same as above City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name None Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
2000	Common	no par

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: **FILED**
 Check No.: **SEP 18 2003**
 By: **3411 6450 GMB**
 FOR SECRETARY OF STATE USE ONLY

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.
 Signature of Officer:
 Date: 9/17/03
 Print or Type Name of Officer: Manuel Sousa
 Title of Officer: Vice-President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **98017** 2. Name of Corporation **MOTORS, HOISTS, & CONTROLS, INC.**
3. Street Address Principal Business Office **179 Railroad Street** City **Woonsocket** State **RI** Zip **02895**
4. Business Phone No. **(401) 767-4568** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9035**

7. Brief Description of the Character of Business Conducted in Rhode Island

Sale and repair of electric motors, controls and hoisting equipment.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Ronald P. Mercier** Vice President Name **None**

Street Address **102 Stoddard Drive** Street Address **None**

City **North Attleboro** State **MA** Zip **02760** City **North Attleboro** State **MA** Zip **02760**

Secretary Name **Wanda D. Mercier** Treasurer Name **Ronald P. Mercier**

Street Address **102 Stoddard Drive** Street Address **102 Stoddard Drive**

City **North Attleboro** State **MA** Zip **02760** City **North Attleboro** State **MA** Zip **02760**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **None** Director Name **None**

Street Address **None** Street Address **None**

City **None** State **None** Zip **None** City **None** State **None** Zip **None**

Director Name **None** Director Name **None**

Street Address **None** Street Address **None**

City **None** State **None** Zip **None** City **None** State **None** Zip **None**

Director Name **None** Director Name **None**

Street Address **None** Street Address **None**

City **None** State **None** Zip **None** City **None** State **None** Zip **None**

Director Name **None** Director Name **None**

Street Address **None** Street Address **None**

City **None** State **None** Zip **None** City **None** State **None** Zip **None**

Director Name **None** Director Name **None**

Street Address **None** Street Address **None**

City **None** State **None** Zip **None** City **None** State **None** Zip **None**

Director Name **None** Director Name **None**

Street Address **None** Street Address **None**

City **None** State **None** Zip **None** City **None** State **None** Zip **None**

Director Name **None** Director Name **None**

Street Address **None** Street Address **None**

City **None** State **None** Zip **None** City **None** State **None** Zip **None**

Director Name **None** Director Name **None**

Street Address **None** Street Address **None**

City **None** State **None** Zip **None** City **None** State **None** Zip **None**

Director Name **None** Director Name **None**

Street Address **None** Street Address **None**

City **None** State **None** Zip **None** City **None** State **None** Zip **None**

Director Name **None** Director Name **None**

Street Address **None** Street Address **None**

City **None** State **None** Zip **None** City **None** State **None** Zip **None**

Director Name **None** Director Name **None**

Street Address **None** Street Address **None**

City **None** State **None** Zip **None** City **None** State **None** Zip **None**

Director Name **None** Director Name **None**

Street Address **None** Street Address **None**

City **None** State **None** Zip **None** City **None** State **None** Zip **None**

Director Name **None** Director Name **None**

Street Address **None** Street Address **None**

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2,000 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2/20/2002
Check No.: 2158
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] Feb 18, 2002
Signature of Officer Date
Ronald P. Mercier
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **98017** 2. Name of Corporation **MOTORS, HOISTS, & CONTROLS, INC.**
3. Street Address Principal Business Office **179 Railroad Street** City **Woonsocket** State **RI** Zip **02895**
4. Business Phone No. **(401) 767-4568** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9035**

7. Brief Description of the Character of Business Conducted in Rhode Island
Sale and repair of electric motors, controls and hoisting equipment.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Ronald P. Mercier	Vice President Name None
Street Address 102 Stoddard Drive	Street Address
City State Zip North Attleboro MA 02760	City State Zip
Secretary Name Wanda D. Mercier	Treasurer Name Ronald P. Mercier
Street Address 102 Stoddard Drive	Street Address 102 Stoddard Drive
City State Zip North Attleboro MA 02760	City State Zip North Attleboro MA 02760

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name None	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

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
2,000 COMM NO PAR VALUE		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 8 0 1 7 *

FILED

File Date: _____

MAR 22 2001

Check No.: _____

By ca 1518

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Ronald P. Mercier Feb 14 2001
Signature of Officer Date

Ronald P. Mercier
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **98017** 2. Name of Corporation **MOTORS, HOISTS, & CONTROLS, INC.**
3. Street Address Principal Business Office **179 Railroad Street** City **Woonsocket** State **RI** Zip **02895**
4. Business Phone No. **(401) 767-4568** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9035**

7. Brief Description of the Character of Business Conducted in Rhode Island

Sale and repair of electric motors, controls and hoisting equipment.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
Ronald P. Mercier			None		
Street Address			Street Address		
102 Stoddard Drive			102 Stoddard Drive		
City	State	Zip	City	State	Zip
North Attleboro	MA	02760			
Secretary Name			Treasurer Name		
Wanda D. Mercier			Ronald P. Mercier		
Street Address			Street Address		
102 Stoddard Drive			102 Stoddard Drive		
City	State	Zip	City	State	Zip
North Attleboro	MA	02760	North Attleboro	MA	02760

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
None			None		
Street Address			Street Address		
City			City		
State	Zip	State	Zip	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City			City		
State	Zip	State	Zip	State	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2,000 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 8 0 1 7 *

File Date: 2/24/2000

Check No.: 794

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Ronald P. Mercier 2-21-2000
Signature of Officer Date

Ronald P. Mercier
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 98017 2. Name of Corporation MOTORS, HOISTS, & CONTROLS, INC.
 05-0495576
 3. Street Address Principal Business Office 179 RAILROAD ST City WOONSOCKET State RI Zip 02895
 4. Business Phone No. (401) 767-4563 5. State of Incorporation RHODE ISLAND 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
REPAIR ELECTRIC MOTORS

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name <u>RONALD P. MERCIER</u>	Vice President Name
Street Address <u>102 STODDARD DRIVE</u>	Street Address
City State Zip <u>N. ATTLEBORO MA 02760</u>	City State Zip
Secretary Name <u>WANDA D. MERCIER</u>	Treasurer Name <u>RONALD P. MERCIER</u>
Street Address <u>102 STODDARD DRIVE</u>	Street Address <u>AS ABOVE</u>
City State Zip <u>N. ATTLEBORO MA 02760</u>	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name <u>RONALD P. MERCIER</u>	Director Name <u>WANDA D. MERCIER</u>
Street Address <u>AS ABOVE</u>	Street Address <u>AS ABOVE</u>
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
<u>2,000</u>	<u>COMMON</u>	<u>NONE</u>

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
<u>100</u>	<u>COMMON</u>	<u>NONE</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 3.20.98
 Check No.: 179
 By: [Signature]
 FOR SECRETARY OF STATE USE ONLY

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.
[Signature] 2-27-98
 Signature of Officer Date
RONALD P. MERCIER
 Print or Type Name of Officer
PRESIDENT
 Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID 18017 2. Name of Corporation **MOTORS, HOISTS, & CONTROLS, INC.**
3. Street Address Principal Business Office **179 RAILROAD STREET** City **WOONSOCKET** State **RI** Zip **02895**
4. Business Phone No. **401-767-4568** 5. State of Incorporation **Rhode Island** 6. SIC Code **9035**
7. Brief Description of the Character of Business Conducted in Rhode Island
Sale and repair of electric motors, controls and hoisting equipment.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Ronald P. Mercier	Vice President Name None
Street Address 102 Stoddard Drive	Street Address
City North Attleboro MA 02760	City State Zip
Secretary Name Wanda D. Mercier	Treasurer Name Ronald P. Mercier
Street Address 102 Stoddard Drive	Street Address 102 Stoddard Drive
City North Attleboro MA 02760	City North Attleboro MA 02760

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name None	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

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
2,000	Common	No Par Value

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Ronald P. Mercier 1-26-98
Signature of Officer Date

Ronald P. Mercier

Print or Type Name of Officer

President

Title of Officer

File Date: 1/28/98

Check No.: 109

By: [Signature]

FOR SECRETARY OF STATE USE ONLY