RI SOS Filing Number: 201985438680 Date: 1/28/2019 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019

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	2. Exact name of the Corporation
293610	F.M. Generator, Inc.

3. Principal Office Address	City	State	Zip
35 Pequit Street	Canton	MA	02021

4. Business Phone Number	5. State of Incorporation
781-828-0026 C3353112	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Sell, maintain and service generator sets

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Julie Mitchell	35 Pequit Street	Canton	MA	02021

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
Jeffrey W. Gould	35 Pequit Street	Canton	MA	02021

Treasurer Name	Street Address	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Michael Molway	35 Pequit Street	Canton	MA	02021

Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State. 275,000.00 cnp 0.00

Changes require an additional filing.

Shares Issued — NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	cnp	0.00

Check the box to indicate an attachment ☐

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: Jeffrey W. Gould, Secretary

Date: 1/17/19

Signature of Authorized Representative: Jeffrey Gould SIGN DOCUMENT HERE X

FILED
JAN 28 2019
BY 23370

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

FORM 630 - Revised: 05/2016