



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 FEB -6 AM 9:30

1. Entity ID Number 90174		2. Exact name of the Corporation Columbus Fan & Machine Corp.			
3. Principal Office Address 59 Baker St.			City Warren	State RI	Zip 02885
4. NAICS Code 423840		6. Brief description of the character of business conducted in Rhode Island Sales of Maching & Equipment			
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 David P. Cioe			Vice-President Name David P. Cioe		
Street Address 59 Baker St.			Street Address 59 Baker St.		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name David P. Cioe			Treasurer Name David P. Cioe		
Street Address 59 Baker St.			Street Address 59 Baker St.		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David P. Cioe			Director Name		
Street Address 59 Baker St.			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Director Name			Director Name		
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		
			100	Common	No Par
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 David P. Cioe					Date February 4, 2019
Signature of Authorized Representative <i>David P. Cioe</i>					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

FEB 06 2019

9:32

BY *an* **P9KGE**

FORM 630 - Revised: 10/2017