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 |
|---|---|
| 20417 | RICE MACHINERY, INC. |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 1104 PONTIAC AVENUE | CRANSTON | RI | 02920 |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| 423830 | MACHINE TOOL SALES |
| 5. State of Incorporation: RHODE ISLAND | |

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

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| PETER G. McLAUGHLIN | 8 PEARL STREET | COVENTRY | RI | 02816 |

| Vice-President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| PETER G. McLAUGHLIN | 8 PEARL STREET | COVENTRY | RI | 02816 |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| PETER G. McLAUGHLIN | 8 PEARL STREET | COVENTRY | RI | 02816 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| PETER G. McLAUGHLIN | 8 PEARL STREET | COVENTRY | RI | 02816 |

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

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| PETER G. McLAUGHLIN | 8 PEARL STREET | COVENTRY | RI | 02816 |
| THERESA McLAUGHLIN | 8 PEARL STREET | COVENTRY | RI | 02816 |
| | | | | |
| | | | | |

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 100 | COMMON | NO PAR VALUE |
| | | |

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 | Date |
|---|---|
| PETER G. McLAUGHLIN, PRESIDENT | 1/16/2019 |

Signature of Authorized Representative

FILED

FEB 07 2019

BY 185910

**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: 10/2017