



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

STAMP

FO
 SECRETARY OF STATE
 PROVIDENCE

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 58348		2. Exact name of the Corporation Structural Powder Equipment Corporation				
3. Principal Office Address 85 Aldrich St.			City Providence	State RI	Zip 02905	
4. NAICS Code 332117		6. Brief description of the character of business conducted in Rhode Island Sales of used equipment used in the manufacture of Powder Metal parts.				
5. State of Incorporation RI						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name John J. O'Meara			Vice-President Name Sean M. O'Meara			
Street Address 85 Aldrich St			Street Address Ditto			
City Providence	State RI	Zip 02905	City	State	Zip	
Secretary Name John K. O'Meara			Treasurer Name Cecilia A. O'Meara			
Street Address Ditto			Street Address Ditto			
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 John J. O'Meara			Director Name Sean M. O'Meara			
Street Address 85 Aldrich St			Street Address Ditto			
City Providence	State RI	Zip 02905	City	State	Zip	
Director Name John K. O'Meara			Director Name Cecilia A. O'Meara			
Street Address Ditto			Street Address Ditto			
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	
		400		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 John J. O'Meara				Date 1-17-19		
Signature of Authorized Representative <i>John J. O'Meara</i>						

SIGN DOCUMENT HERE **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 11 2019

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FORM 630 - Revised: 10/2017