



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.

FILED

FEB 11 2019

BY

4943
[Signature]

| | | | |
|--|--|---|--------------------|
| 1. Entity ID Number 75627 | | 2. Exact name of the Corporation Mahoney's Fabrication, Inc. | |
| 3. Principal Office Address 300 Front Street | | City Lincoln | State RI |
| | | Zip 02865 | |
| 4. NAICS Code 236210 | 6. Brief description of the character of business conducted in Rhode Island To fabricate, manufacture and assemble products. | | |
| 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 Darrel A. Davidow | | Vice-President Name Alexander F. Davidow | |
| Street Address 371 Pine Street | | Street Address 371 Pine Street | |
| City Pawtucket | State RI | City Pawtucket | State RI |
| Zip 02860 | | Zip 02860 | |
| Secretary Name Betty L. Davidow | | Treasurer Name Betty L. Davidow | |
| Street Address 371 Pine Street | | Street Address 371 Pine Street | |
| City Pawtucket | State RI | City Pawtucket | State RI |
| Zip 02860 | | Zip 02860 | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name None | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| 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 <input type="checkbox"/> | |
| | | NUMBER OF SHARES | CLASS/SERIES |
| | | 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 Darrel A. Davidow, President | | Date 2/8/2019 | |
| Signature of Authorized Representative <i>[Signature]</i> SIGN DOCUMENT HERE | | | |