



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 99689		2. Exact name of the Corporation Southern R.I. Equipment Sales, Inc.			
3. Principal Office Address 69 Morris Street			City Warwick	State RI	Zip 02889
4. NAICS Code 423810		6. Brief description of the character of business conducted in Rhode Island Buy and resell or rent machinery and equipment for the use in the construction trades			
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 Harold Cahoon			Vice-President Name None		
Street Address 69 Morris Street			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
Secretary Name Harold Cahoon			Treasurer Name Harold Cahoon		
Street Address 69 Morris Street			Street Address 69 Morris Street		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Harold Cahoon			Director Name		
Street Address 69 Morris Street			Street Address		
City Warwick	State RI	Zip 02889	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	PAR VALUE
		1,000		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. <i>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.</i>					
Name of Authorized Representative Harold Cahoon, President					Date 3/13/19
Signature of Authorized Representative 					

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

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