RI SOS Filing Number: 201918493650 Date: 9/6/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of Annual Report for the	DIVISION		FIL	FILEDSTAMP SEP 06 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	SEP (
1. Entity ID Number 001670835		e of the Corporation eavy Machine					
3. Principal Office Address 255 Kenyon Avenue			City East Green	City East Greenwich		Zip 02818	
4. NAICS Code 454390 5. State of Incorporation Rhode Island		iption of the charac					
7. List ALL officers (names an President Name	Check the box to indicate an attachment Vice-President Name						
Brian Raimbeault			Brian Raimbeauft				
Street Address 255 Kenyon Avenue			Street Address 255 Kenyon Avenue				
City East Greenwich	State RI	Zip 02818	City East Greenwich		State RI	^{Zip} 02818	
Secretary Name Brian Ralmbeault			Treasurer Name Brian Raimbeault				
Street Address 255 Kenyon Avenue			Street Address 255 Kenyon Avenue				
City East Greenwich	State RI	Zip 02818	City East Greenwich		State RI	^{Zip} 02818	
8. List ALL directors (names a	nd addresses)		In:		ck the box to in	ndicate an attachment 🔲	
Director Name Brian Raimbea			Director Name				
Street Address 255 Kenyon Av	/enue		Street Address	•			
City East Greenwich	State RI	Zip 02818	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Iss		Chec CLASS/SER		ndicate an attachment	
This Information is currently of record in the Department of State.		100	NUMBER OF SHARES		aes	\$1.00	
Changes require an additional t	fillng.						
11. This report must be execu trustee, this report must be ex					poration is in t	he hands of a receiver or	
Under penalty of perjury, I o	leclare and affirm t	hat i have examin	ed this report, i		ompanying so	chedules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date	Date	
Brian Raimbeault							
Signature of Authorized Repre	sentative /	SIGN DO	CUMENT HERE				

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov