



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

Annual Report for the year: 2020
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 STAMP

JAN 27 2020

BY

159107 DS

1. Entity ID Number 000010238		2. Exact name of the Corporation METHODS AND MACHINING SERVICES CO,INC			
3. Principal Office Address 140 UXBRIDGE ST.			City CRANSTON	State R.I.	Zip 02920
4. NAICS Code 336412		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE MACHINING SERVICES AND INDUSTRIAL CONSULTING			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LEONARD A NULMAN			Vice-President Name CYNTHIA A . NULMAN		
Street Address 140 UXBRIDGE ST.			Street Address 140 UXBRIDGE ST.		
City CRANSTON	State R.I.	Zip 02920	City CRANSTON	State R.I.	Zip 02920
Secretary Name CYNTHIA A. NULMAN			Treasurer Name LEONARD A. NULMAN		
Street Address 140 UXBRIDGE ST.			Street Address 140 UXBRIDGE ST.		
City CRANSTON	State R.I.	Zip 02920	City CRANSTON	State R.I.	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	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
			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 LEONARD A. NULMAN				Date 1/23/2020	
Signature of Authorized Representative <i>Leonard A Nulman</i>				SIGN DOCUMENT 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