



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401 222 3900

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections 1-11: Corporate ID No. (115366), Name of Corporation (MACHINEX CORP.), Street Address (George Washington Highway), City (Smithfield), State (RI), Zip (02917), Business Phone No. (401-231-3230), State of Incorporation (RHODE ISLAND), SIC Code (1073), Brief Description of Business (MANUFACTURE OF SCREW PRODUCTS), Names and Addresses of Officers (President: Joan Gagnon, Vice President: Mary Clark), Names and Addresses of Directors (Joan Gagnon, Mary Clark), Shares Authorized (1,000 NO PAR VALUE), Shares Issued (105 common, none).

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY
File Date: 2-4-05
Check No.: 5003
By: [Signature]

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.

Signature of Officer: [Signature] Date: 2/3/05
Print or Type Name of Officer: Joan Gagnon
Title of Officer: President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No <b>115366</b>		2. Name of Corporation <b>MACHINEX CORP.</b>			
3. Street Address Principal Business Office <b>George Washington Highway</b>			City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
4. Business Phone No <b>(401) 231-3230</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>1073</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>MANUFACTURE OF SCREW PRODUCTS</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Joan Gagnon</b>			Vice President Name <b>Mary Clark</b>		
Street Address <b>125 Central Pike</b>			Street Address <b>121 Swan Road</b>		
City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
Secretary Name <b>John Gagnon</b>			Treasurer Name <b>Mary Clark</b>		
Street Address <b>125 Central Pike</b>			Street Address <b>121 Swan Road</b>		
City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Joan Gagnon</b>			Director Name <b>Mary Clark</b>		
Street Address <b>125 Central Pike</b>			Street Address <b>121 Swan Road</b>		
City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 NO PAR VALUE</b>			<b>105</b>	<b>Common</b>	<b>None</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 5 3 6 6 \*

File Date 4/5/04  
Check No. 4441  
By: W.  
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 2/10/04  
Signature of Officer Date  
**Joan Gagnon**  
Print or Type Name of Officer  
**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **115366** 2. Name of Corporation **MACHINEX CORP.**

3. Street Address Principal Business Office **George Washington Highway** City **Smithfield** State **RI** Zip **02917**  
4. Business Phone No. **(401) 231-3230** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1073**

7. Brief Description of the Character of Business Conducted in Rhode Island

Manufacturer of screw products and all other legal business

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Joan Gagnon			Mary Clark		
Street Address			Street Address		
125 Central Pike			121 Swan Road		
City	State	Zip	City	State	Zip
Foster	RI	02825	Smithfield	RI	02917
Secretary Name			Treasurer Name		
John Gagnon			Mary Clark		
Street Address			Street Address		
125 Central Pike			121 Swan Road		
City	State	Zip	City	State	Zip
Foster	RI	02825	Smithfield	RI	02917

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Joan Gagnon			Mary Clark		
Street Address			Street Address		
125 Central Pike			121 Swan Road		
City	State	Zip	City	State	Zip
Foster	RI	02825	Smithfield	RI	02917
Director Name			Director Name		
Street Address			Street Address		
City			City		
State			State		
Zip			Zip		

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
1,000	NO PAR VALUE	

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
105	common	none

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 5 3 6 6 \*

File Date: 3-4-03  
Check No.: 3859  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: [Signature] Date: 2/21/03  
Print or Type Name of Officer: Joan Gagnon  
Title of Officer: President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No. **115366** 2 Name of Corporation **MACHINEX CORP.**  
3 Street Address Principal Business Office **George Washington Highway** City **Smithfield** State **RI** Zip **02917**  
4 Business Phone No. **401-231-3230** 5 State of Incorporation **RHODE ISLAND** 6 SIC Code **1073**

7 Brief Description of the Character of Business Conducted in Rhode Island  
**Manufacture of screw products and all other legal business**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Joan Gagnon</b>	Vice President Name <b>May Clark</b>
Street Address <b>125 Central Pike</b>	Street Address <b>121 Swan Road</b>
City State Zip <b>Foster RI 02825</b>	City State Zip <b>Smithfield RI 02917</b>
Secretary Name <b>John Gagnon</b>	Treasurer Name <b>Mary Clerk</b>
Street Address <b>125 Central Pike</b>	Street Address <b>121 Swan Road</b>
City State Zip <b>Foster RI 02825</b>	City State Zip <b>Smithfield RI 02917</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Joan Gagnon</b>	Director Name <b>Mary Clark</b>
Street Address <b>125 Central Pike</b>	Street Address <b>121 Swan Road</b>
City State Zip <b>Foster RI 02825</b>	City State Zip <b>Smithfield RI 02917</b>

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**105 common none**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 5 3 6 6 \*

File Date 2-11-02  
Check No. 2710  
By [Signature]

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.  
Signature of Officer [Signature] Date 2/8/02  
**Joan Gagnon**  
Print or Type Name of Officer  
**President**



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **115366**  
2. Name of Corporation **MACHINEX CORP.**  
3. Street Address Principal Business Office  
**George Washington Highway**  
4. Business Phone No. **401 231-3230**  
5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island

City **Smithfield** State **RI** Zip **02917**  
6. SIC Code **1073**

Manufacture of screw products and all other legal business

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Joan Gagnon**  
Street Address **125 Central Pike**  
City **Foster** State **RI** Zip **02825**  
Secretary Name **Joan Gagnon**  
Street Address **125 Central Pike**  
City **Foster** State **RI** Zip **02825**

Vice President Name **Mary Clark**  
Street Address **121 Swan Road**  
City **Smithfield** State **RI** Zip **02917**  
Treasurer Name **Mary Clark**  
Street Address **121 Swan Road**  
City **Smithfield** State **RI** Zip **02917**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **Joan Gagnon**  
Street Address **125 Central Pike**  
City **Foster** State **RI** Zip **02825**

Director Name **Mary Clark**  
Street Address **121 Swan Road**  
City **Smithfield** State **RI** Zip **02917**

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
1,000 NO PAR VALUE		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
105	common	none

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 5 3 6 6 \*

File Date: 3-12-01  
Check No.: 1242  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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.  
Signature of Officer: [Signature] Date: 3/12/01  
Print or Type Name of Officer: Joan Gagnon  
Title of Officer: President