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
401.222.3040

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)

1. Corporate ID No.	2. Name of Corporation			
132697	Mossberg Associates, Inc.			
3. Street Address Principal Business Office: 322 HILLSDALE ROAD	City: WEST KINGSTON	State: RI	Zip: 02892	
4. Business Phone No.: 401-334-3417	5. State of Incorporation: RHODE ISLAND		6. SIC Code: 2634	

7. Brief Description of the Character of Business Conducted in Rhode Island: IMPORTING AND DISTRIBUTING MACHINERY

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

President Name	Vice President Name
JOHN K. HENSCHEL	RENE D. MAYER
Street Address: 322 HILLSDALE ROAD	Street Address: 100 TOWER HILL ROAD
City: WEST KINGSTON State: RI Zip: 02892	City: CUMBERLAND State: RI Zip: 02864
Secretary Name	**Treasurer Name**
JOHN K. HENSCHEL	RENE D. MAYER
Street Address: 322 HILLSDALE ROAD	Street Address: 100 TOWER HILL ROAD
City: WEST KINGSTON State: RI Zip: 02892	City: CUMBERLAND State: R.I. Zip: 02864

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

Director Name	Director Name
JOHN K. HENSCHEL	RENE D. MAYER
Street Address: 322 HILLSDALE RD	Street Address: 100 TOWER HILL RD
City: WEST KINGSTON State: RI Zip: 02892	City: CUMBERLAND State: RI Zip: 02864
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
8,000	NO PAR VALUE		200	COMMON	NO PAR

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

[redacted] [redacted]

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 — *Date*: 4 JAN 05

JOHN K. HENSCHEL
Print or Type Name of Officer

PRESIDENT
Title of Officer

[redacted]

File Date: 1/5/05
Check No.: 154
By: U.
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

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100 North Main Street
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322 HILLSDALE ROAD		WEST KINGSTON	RI	02892
4. Business Phone No	*5. State of Incorporation*			*6. SIC Code*
401-334-3417	RHODE ISLAND			2634

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President Name	*Street Address*	*City*	*State*	*Zip*
JOHN K. HENSCHEL	322 HILLSDALE RD	WEST KINGSTON	RI	02892

Vice President Name	*Street Address*	*City*	*State*	*Zip*
RENE D. MAYER	100 TOWER HILL RD	CUMBERLAND	RI	02864

Secretary Name	*Street Address*	*City*	*State*	*Zip*
JOHN K. HENSCHEL	322 HILLSDALE RD.	WEST KINGSTON	RI	02892

Treasurer Name	*Street Address*	*City*	*State*	*Zip*
RENE D. MAYER	100 TOWER HILL RD.	CUMBERLAND	RI	02864

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

Director Name	*Street Address*	*City*	*State*	*Zip*
JOHN K. HENSCHEL	322 HILLSDALE RD.	WEST KINGSTON	RI	02892

Director Name	*Street Address*	*City*	*State*	*Zip*
RENE D. MAYER	100 TOWER HILL RD.	CUMBERLAND	RI	02864

Director Name	*Street Address*	*City*	*State*	*Zip*

Director Name	*Street Address*	*City*	*State*	*Zip*

10. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
8,000	NO PAR VALUE	

11. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
200	COMMON	NO PAR

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

[redacted]

1326977

File Date FILED
Check No. FEB 18 2004
By: By
FOR SECRETARY OF STATE USE ONLY

[redacted]

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 — *Date* 2/12/04

JOHN K. HENSCHEL
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 Rev. 12/03