State of Rhode Island

Department of State - Business Services Division

FILED

JAN 29 2021

BY 3213

Annual Report for the year: 2021

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	2. Exact name of the Corporation			
76356	MLS Screw Machine Corp.			
3. Principal Office Address: 10 Dexter Road		City: East Providence	State: RI	Zip: 02914
4. NAICS Code: 423990	6. Brief description of the character of business conducted in Rhode Island: PURCHASE, ACQUIRE, SELL, DISTRIBUTE AND GENERALLY DEAL WITH MERCHANDISE OF EVERY KIND AND NATURE			
5. State of Incorporation: RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Maria Soares			Vice-President Name: None		
Street Address: 10 Dexter Road			Street Address:		
City: East Providence	State: RI	Zip: 02914	City:	State:	Zip:
Secretary Name: Maria Soares			Treasurer Name: Maria Soares		
Street Address: 10 Dexter Road			Street Address: 10 Dexter Road		
City: East Providence	State: RI	Zip: 02914	City: East Providence	State: RI	Zip: 02914

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Maria Soares			Director Name:		
Street Address: 10 Dexter Road			Street Address:		
City: East Providence	State: RI	Zip: 02914	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	common	no par

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	Date
Maria Soares	Jan 18, 2021

Signature of Authorized Representative: Maria L. Soares

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

FORM 630 - Revised: 08/2020