



State of Rhode Island

Department of State - Business Services Division

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.

FILED

FEB 17 2021

BY

4330

1. Entity ID Number 000144616		2. Exact name of the Corporation Huestis Machine Corporation			
3. Principal Office Address 68 Buttonwood Street			City Bristol	State RI	Zip 02809
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island Developing, manufacturing and marketing custom and proprietary machinery and equipment wire and cable machinery and medical equipment.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Krishnan Suthanthiran			Vice-President Name		
Street Address 6718 Springfield Drive			Street Address		
City Lorton	State VA	Zip 22079	City	State	Zip
Secretary Name Ruth S. Bergin			Treasurer Name		
Street Address 6049 North Morgan Street			Street Address		
City Alexandria	State VA	Zip 22312	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Krishnan Suthanthiran			Director Name		
Street Address 6718 Springfield Drive			Street Address		
City Lorton	State VA	Zip 22079	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		133,607	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 Ruth S. Bergin				Date 1/30/2021	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020