



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
 MAR 01 2021
 BY 16138 DS

1. Entity ID Number 000039821		2. Exact name of the Corporation Michaelson Fluid Power Inc			
3. Principal Office Address 9 Rocky Hill Road			City Smithfield	State RI	Zip 02917
4. NAICS Code 423840		6. Brief description of the character of business conducted in Rhode Island Industrial Distribution			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Richard Codega			Vice-President Name Paul Lopez		
Street Address 45 Fanning Lane			Street Address 276 South Street		
City Smithfield	State RI	Zip 02828	City Medfield	State MA	Zip 02052
Secretary Name Paul Lopez			Treasurer Name Richard Codega		
Street Address 276 South Street			Street Address 45 Fanning Lane		
City Medfield	State MA	Zip 02052	City Greenville	State RI	Zip 02828
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
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 ☐		
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	NONE
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 Richard Codega				Date 2/25/21	
Signature of Authorized Representative <i>Richard Codega</i>					

MAIL TO:
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