



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**FILED**

Annual Report for the year: 2021  
**Corporation**

APR 21 2021  
 BY SL 23

- 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<br><u>05027</u>  |  | 2 Exact name of the Corporation<br><b>Mahoney's Fabrication, Inc.</b>  |                            |
| 3 Principal Office Address<br><b>300 Front Street</b>   |  | City<br><b>Lincoln</b>   | State<br><b>RI</b>         |
|   |  | Zip<br><b>02865</b>  |                            |
| 4. NAICS Code<br><b>34</b>  | 6. Brief description of the character of business conducted in Rhode Island<br><b>To fabricate, manufacture and assemble products.</b> |  |                            |
| 5. State of Incorporation<br><b>Rhode Island</b>  |  |  |                            |
| 7 List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |  |  |                            |
| President Name<br><b>Darrel A. Davidow</b>  |  | Vice-President Name<br><b>Alexander F. Davidow</b>   |                            |
| Street Address<br><b>371 Pine Street</b>  |  | Street Address<br><b>371 Pine Street</b>   |                            |
| City<br><b>Pawtucket</b>  | State<br><b>RI</b>   | City<br><b>Pawtucket</b>   | State<br><b>RI</b>         |
| Secretary Name<br><b>Betty L. Davidow</b>   |  | Treasurer Name<br><b>Betty L. Davidow</b>  |                            |
| Street Address<br><b>371 Pine Street</b>  |  | Street Address<br><b>371 Pine Street</b>   |                            |
| City<br><b>Pawtucket</b>  | State<br><b>RI</b>   | City<br><b>Pawtucket</b>   | State<br><b>RI</b>         |
| Zip<br><b>02860</b>   |  | Zip<br><b>02860</b>  |                            |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |  |  |                            |
| Director Name<br><b>None</b>  |  | Director Name  |                            |
| Street Address  |  | Street Address   |                            |
| City  | State  | City   | State                      |
| Zip   |  | Zip  |                            |
| Director Name   |  | Director Name  |                            |
| Street Address  |  | Street Address   |                            |
| City  | State  | City   | State                      |
| Zip   |  | Zip  |                            |
| 9. Shares Authorized  |  | 10 Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                            |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |  | NUMBER OF SHARES   | PAR VALUE                  |
|   |  | <b>100</b>   | <b>Common No Par Value</b> |
| 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.<br><b>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.</b> |  |  |                            |
| Name of Authorized Representative<br><b>Darrel A. Davidow, President</b>  |  | Date<br><b>4/15/21</b>   |                            |
| Signature of Authorized Representative<br>  |  | SIGN DOCUMENT HERE   |                            |