State of Rnode Island and Providence Plantations

Department of State - Business Services Division

FILED

APR 21 2021

BY 5023

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
0025627	**Mahoney's Fabrication, Inc.**

3 Principal Office Address	City	State	Zip
300 Front Street	**Lincoln**	**RI**	**02865**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
	To fabricate, manufacture and assemble products.
5. State of Incorporation: **Rhode Island**	

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

President Name	Street Address	City	State	Zip
Darrel A. Davidow	**371 Pine Street**	**Pawtucket**	**RI**	**02860**

Vice-President Name	Street Address	City	State	Zip
Alexander F. Davidow	**371 Pine Street**	**Pawtucket**	**RI**	**02860**

Secretary Name	Street Address	City	State	Zip
Betty L. Davidow	**371 Pine Street**	**Pawtucket**	**RI**	**02860**

Treasurer Name	Street Address	City	State	Zip
Betty L. Davidow	**371 Pine Street**	**Pawtucket**	**RI**	**02860**

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

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	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
100	**Common**	**No Par Value**

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: **Darrel A. Davidow, President**

Date: 4/15/21

Signature of Authorized Representative: DAD President

SIGN DOCUMENT HERE

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

FORM 630 - Revised: 10/2016