



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

JUN 10 2021

BY 16194
OS

- 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 000126187		2. Exact name of the Corporation H. B. Precision Products, Inc.			
3. Principal Office Address 21 LARK INDUSTRIAL PARKWAY			City GREENVILLE	State RI	Zip 02828
4. NAICS Code 332117		6. Brief description of the character of business conducted in Rhode Island PROVIDE MACHINING SERVICES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RONALD R HOULE			Vice-President Name RONALD R HOULE		
Street Address 17 LINCOLN DRIVE			Street Address 17 LINCOLN DRIVE		
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI	Zip 02896
Secretary Name RONALD R HOULE			Treasurer Name RONALD R HOULE		
Street Address 17 LINCOLN DRIVE			Street Address 17 LINCOLN DRIVE		
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI	Zip 02896
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name RONALD R HOULE			Director Name		
Street Address 17 LINCOLN DRIVE			Street Address		
City NORTH SMITHFIELD	State RI	Zip 02896	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	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 RONALD R HOULE				Date 6-1-2021	
Signature of Authorized Representative <i>Ronald R. Houle</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov