



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV

2021 DEC 31 PM 2:14

1. Entity ID Number 40935		2. Exact name of the Corporation M.E. O'Brien & Sons, Inc.			
3. Principal Office Address 17 Trotter Drive, PO Box 718			City Medway	State MA	Zip 02053
4. NAICS Code 423910		6. Brief description of the character of business conducted in Rhode Island Manufacturers' Representative of Playground Equipment			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Meghan A. O'Brien			Vice-President Name Erin M. O'Brien		
Street Address 5 Cedar Farm Road			Street Address 13 Crestview Avenue		
City Medway	State MA	Zip 02053	City Medway	State MA	Zip 02053
Secretary Name Meghan A. O'Brien			Treasurer Name Erin M. O'Brien		
Street Address 5 Cedar Farm Road			Street Address 13 Crestview Avenue		
City Medway	State MA	Zip 02053	City Medway	State MA	Zip 02053
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Eric W. O'Brien			Director Name Meghan A. O'Brien		
Street Address 16 Margauxs Way			Street Address 5 Cedar Farm Road		
City Norfolk	State MA	Zip 02056	City Medway	State MA	Zip 02053
Director Name Erin M. O'Brien			Director Name		
Street Address 13 Crestview Avenue			Street Address		
City Medway	State MA	Zip 02053	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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			168	Common	No Par
			168	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 Erin M. O'Brien, Vice President					Date 12/29/21
Signature of Authorized Representative <i>Erin M. O'Brien</i>					FILED

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

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BY *OPH MH3B3*

FORM 630 - Revised: 11/2021