



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2019  
**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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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
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1. Entity ID Number <b>40935</b>		2. Exact name of the Corporation <b>M.E. O'Brien &amp; Sons, Inc.</b>			
3. Principal Office Address <b>17 Trotter Drive, PO Box 718</b>			City <b>Medway</b>	State <b>MA</b>	Zip <b>02053</b>
4. NAICS Code <b>423910</b>		6. Brief description of the character of business conducted in Rhode Island <b>Manufacturers' Representative of Playground Equipment</b>			
5. State of Incorporation <b>Massachusetts</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 <b>Meghan A. O'Brien</b>			Vice-President Name <b>Erin M. O'Brien</b>		
Street Address <b>5 Cedar Farm Road</b>			Street Address <b>13 Crestview Avenue</b>		
City <b>Medway</b>	State <b>MA</b>	Zip <b>02053</b>	City <b>Medway</b>	State <b>MA</b>	Zip <b>02053</b>
Secretary Name <b>Meghan A. O'Brien</b>			Treasurer Name <b>Erin M. O'Brien</b>		
Street Address <b>5 Cedar Farm Road</b>			Street Address <b>13 Crestview Avenue</b>		
City <b>Medway</b>	State <b>MA</b>	Zip <b>02053</b>	City <b>Medway</b>	State <b>MA</b>	Zip <b>02053</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 <b>Eric W. O'Brien</b>			Director Name <b>Meghan A. O'Brien</b>		
Street Address <b>16 Margauxs Way</b>			Street Address <b>5 Cedar Farm Road</b>		
City <b>Norfolk</b>	State <b>MA</b>	Zip <b>02056</b>	City <b>Medway</b>	State <b>MA</b>	Zip <b>02053</b>
Director Name <b>Erin M. O'Brien</b>			Director Name		
Street Address <b>13 Crestview Avenue</b>			Street Address		
City <b>Medway</b>	State <b>MA</b>	Zip <b>02053</b>	City	State	Zip
9. Shares Authorized <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.  Changes require an additional filing.		10. Shares Issued			
		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. <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 <b>Erin M. O'Brien, Vice President</b>				Date <b>12/29/21</b>	
Signature of Authorized Representative <i>Erin M. O'Brien</i>				<b>FILED</b>	

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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