



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

**Annual Report for the year: 2015**  
**Corporation**

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 BUS SVCS DIV

2021 DEC 31 PM 2:14

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

|  |   |  |  |                         |                     |
|--|---|--|--|-------------------------|---------------------|
| 1. Entity ID Number<br><b>40935</b>  |   | 2. Exact name of the Corporation<br><b>M.E. O'Brien &amp; Sons, Inc.</b> |  |                         |                     |
| 3. Principal Office Address<br><b>93 West Street</b>   |   | City<br><b>Medfield</b>  | State<br><b>MA</b>   | Zip<br><b>02052</b>     |                     |
| 4. NAICS Code<br><b>423910</b>   | 6. Brief description of the character of business conducted in Rhode Island<br><b>Manufacturers' Representative of Playground Equipment</b> |  |  |                         |                     |
| 5. State of Incorporation<br><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<br><b>Meghan A. O'Brien</b>   |   |  | Vice-President Name<br><b>Erin M. O'Brien</b>                    |                         |                     |
| Street Address<br><b>5 Cedar Farm Road</b>   |   |  | Street Address<br><b>13 Crestview Avenue</b>                     |                         |                     |
| City<br><b>Medway</b>  | State<br><b>MA</b>  | Zip<br><b>02053</b>  | City<br><b>Medway</b>  | State<br><b>MA</b>      | Zip<br><b>02053</b> |
| Secretary Name<br><b>Claudette O'Brien</b>   |   |  | Treasurer Name<br><b>Eric W. O'Brien</b>                         |                         |                     |
| Street Address<br><b>16 Margauxs Way</b>   |   |  | Street Address<br><b>16 Margauxs Way</b>                         |                         |                     |
| City<br><b>Norfolk</b>   | State<br><b>MA</b>  | Zip<br><b>02056</b>  | City<br><b>Norfolk</b>   | State<br><b>MA</b>      | Zip<br><b>02056</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>Eric W. O'Brien</b>  |   |  | Director Name<br><b>Claudette O'Brien</b>                        |                         |                     |
| Street Address<br><b>16 Margauxs Way</b>   |   |  | Street Address<br><b>16 Margauxs Way</b>                         |                         |                     |
| City<br><b>Norfolk</b>   | State<br><b>MA</b>  | Zip<br><b>02056</b>  | City<br><b>Norfolk</b>   | State<br><b>MA</b>      | Zip<br><b>02056</b> |
| Director Name<br><b>Erin M. O'Brien</b>  |   |  | Director Name<br><b>Meghan A. O'Brien</b>                        |                         |                     |
| Street Address<br><b>13 Crestview Avenue</b>   |   |  | Street Address<br><b>5 Cedar Farm Road</b>                       |                         |                     |
| City<br><b>Medway</b>  | State<br><b>MA</b>  | Zip<br><b>02053</b>  | City<br><b>Medway</b>  | State<br><b>MA</b>      | Zip<br><b>02053</b> |
| 9. Shares Authorized   |   |  |  |                         |                     |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   | 10. Shares Issued   |  | Check the box to indicate an attachment <input type="checkbox"/> |                         |                     |
|  | NUMBER OF SHARES  | CLASS/SLR/ELS  | PAR VA. UF   |                         |                     |
|  | 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.<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>Erin M. O'Brien, Vice President</b>  |   |  |  | Date<br><b>12/29/21</b> |                     |
| Signature of Authorized Representative<br><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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 BY *[Signature]*