



Annual Report for the year: 2007
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 40935		2. Exact name of the Corporation M.E. O'Brien & Sons, Inc.			
3. Principal Office Address 93 West Street			City Medfield	State MA	Zip 02052
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 Claudette O'Brien			Treasurer Name Eric W. O'Brien		
Street Address 16 Margauxs Way			Street Address 16 Margauxs Way		
City Norfolk	State MA	Zip 02056	City Norfolk	State MA	Zip 02056
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 Claudette O'Brien		
Street Address 16 Margauxs Way			Street Address 16 Margauxs Way		
City Norfolk	State MA	Zip 02056	City Norfolk	State MA	Zip 02056
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		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
		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	

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

Erin M. O'Brien
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