



State of Rhode Island
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

Annual Report for the year: 2003
Corporation

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 Eric W. O'Brien			Vice-President Name Erin M. O'Brien		
Street Address 120 Philip Street			Street Address 13 Crestview Avenue		
City Medfield		State MA	Zip 02052	City Medway	
		State MA	Zip 02053		
Secretary Name Claudette O'Brien			Treasurer Name Eric W. O'Brien		
Street Address 120 Philip Street			Street Address 120 Philip Street		
City Medfield		State MA	Zip 02052	City Medfield	
		State MA	Zip 02052		
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 120 Philip Street			Street Address 120 Philip Street		
City Medfield		State MA	Zip 02052	City Medfield	
		State MA	Zip 02052		
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
		State	Zip		
9. Shares Authorized 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	

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]* 303