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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 16 2022
BY

Annual Report for the year: 2022
Corporation

→ 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	2. Exact name of the Corporation			
000794549	Machine Control Inc.			
3. Principal Office Address		City	State	Zip
25 Spring Lane		Pascoag	RI	02859
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238210	Electrical wiring of industrial machines, service and installation of replacement electrical components and all aspects of electrical contracting.			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Michael Mararian			Vice-President Name: Michael Mararian		
Street Address: 25 Spring Lane			Street Address: 25 Spring Lane		
City: Pascoag	State: RI	Zip: 02859	City: Pascoag	State: RI	Zip: 02859
Secretary Name: Michael Mararian			Treasurer Name: Michael Mararian		
Street Address: 25 Spring Lane			Street Address: 25 Spring Lane		
City: Pascoag	State: RI	Zip: 02859	City: Pascoag	State: RI	Zip: 02859

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Michael Mararian			Director Name		
Street Address: 25 Spring Lane			Street Address		
City: Pascoag	State: RI	Zip: 02859	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	CNP	0

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: Michael Mararian

Date: 2/11/22

Signature of Authorized Representative: Michael E. Mararian

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

FORM 630 - Revised: 11/2021