



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 09 2023

BY

1. Entity ID Number 91908		2. Exact name of the Corporation THE SHAWHAN CENTER INC.			
3. Principal Office Address 45 INDUSTRIAL DR.		City FAIRPORT		State RI	Zip 02822
4. NAICS Code 333120		6. Brief description of the character of business conducted in Rhode Island MANUFACTURER OF SHAWHANS & DUMP TRUCKS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBLEE T. HONE			Vice-President Name MARK F. HONE		
Street Address 7 F STATE ST.			Street Address 33 MARTIN ST.		
City NORTH KINGSTOWN	State RI	Zip 02852	City MILLBURY	State MA	Zip 01728
Secretary Name ROBLEE T. HONE			Treasurer Name ROBLEE T. HONE		
Street Address 7 F STATE ST.			Street Address 7 F STATE ST.		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROBLEE T. HONE			Director Name MARK F. HONE		
Street Address 7 F STATE ST.			Street Address 33 MARTIN ST.		
City NORTH KINGSTOWN	State RI	Zip 02852	City MILLBURY	State MA	Zip 01728
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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		
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 ROBLEE T. HONE					Date 2/6/2023
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov