



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

STAMP

MAR 16 2023

BY 28378 DS

1. Entity ID Number 000011970		2. Exact name of the Corporation GOYETTE MACHINE ASSOCIATES INC.			
3. Principal Office Address 23 CARRINGTON ST		City LINCOLN		State RI	Zip 02865
4. NAICS Code 238910		6. Brief description of the character of business conducted in Rhode Island MANUFACTURER OF AUTOMATION MACHINERY, VIBRATORY FEEDER BOWLS, HOPPERS, TRACKS, ESCAPEMENTS.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PAUL GOYETTE			Vice-President Name SANDRA GOYETTE		
Street Address 60 CROSSING DRIVE, APT 202			Street Address 60 CROSSING DRIVE, APT 202		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		PAR VALUE
			500		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 PAUL GOYETTE				Date 3-14-2023	
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.n.gov