



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

MAR 17 2023
 BY 21981 *[Signature]*

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 20417		2. Exact name of the Corporation RICE MACHINERY, INC.			
3. Principal Office Address 1104 PONTIAC AVENUE			City CRANSTON	State RI	Zip 02920
4. NAICS Code 423830		6. Brief description of the character of business conducted in Rhode Island MACHINE TOOL SALES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PETER G. McLAUGHLIN			Vice-President Name PETER G. McLAUGHLIN		
Street Address 8 PEARL STREET			Street Address 8 PEARL STREET		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name PETER G. McLAUGHLIN			Treasurer Name THERESA McLAUGHLIN		
Street Address 8 PEARL STREET			Street Address 8 PEARL STREET		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PETER G. McLAUGHLIN			Director Name THERESA McLAUGHLIN		
Street Address 8 PEARL STREET			Street Address 8 PEARL STREET		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
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
			100	COMMON	NO 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 PETER G. McLAUGHLIN, PRESIDENT				Date 3/13/2023	
Signature of Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence Rhode Island 02904-2615
 Phone: (401) 272-3040
 Website: www.sos.ri.gov