



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

MAR 24 2023

BY

1639

1. Entity ID Number 000794549		2. Exact name of the Corporation Machine Control Inc.			
3. Principal Office Address 25 Spring Lane			City Pascoag	State RI	Zip 02859
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island 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			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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
Signature of Authorized Representative <i>Michael Mararian</i>					

MAIL TO:

Division of Business Services

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