



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

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

FEB 15 2024

BY

32162
OS

1. Entity ID Number 000519187		2. Exact name of the Corporation Frommelt Equipment Company, Inc.			
3. Principal Office Address 184 Main Street, North Reading, MA 01864			City	State	Zip
4. NAICS Code 238290		6. Brief description of the character of business conducted in Rhode Island Buy and install dock shelters, dock lifts and doors, service and install other loading docking equipment			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Christopher Frommelt			Vice-President Name None		
Street Address 184 Main Street			Street Address		
City North Reading	State MA	Zip 01864	City	State	Zip
Secretary Name Christopher Frommelt			Treasurer Name Christopher Frommelt		
Street Address 184 Main Street			Street Address 184 Main Street		
City North Reading	State MA	Zip 01864	City North Reading	State MA	Zip 01864
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Christopher Frommelt			Director Name		
Street Address 184 Main Street			Street Address		
City North Reading	State MA	Zip 01864	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 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 Christopher Frommelt, President				Date 2/7/2024	
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

FORM 630- Revised: 12/2023