



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
STATE OF RHODE ISLAND
MAR 5 2024 11:45:31

1. Entity ID Number 001732372		2. Exact name of the Corporation MPS PRODUCTS CORP			
3. Principal Office Address 453 Newburyport Turnpike			City Rowley	State MA	Zip 01969
4. NAICS Code 238120	6. Brief description of the character of business conducted in Rhode Island Install of Structural Steel				
5. State of Incorporation MA					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Michael Pimental			Vice-President Name Michael Pimental		
Street Address 453 Newburyport Turnpike			Street Address 453 Newburyport Turnpike		
City Rowley	State MA	Zip 01969	City Rowley	State MA	Zip 01969
Secretary Name Michael Pimental			Treasurer Name Michael Pimental		
Street Address 453 Newburyport Turnpike			Street Address 453 Newburyport Turnpike		
City Rowley	State MA	Zip 01969	City Rowley	State MA	Zip 01969
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Michael Pimental			Director Name		
Street Address 453 Newburyport Turnpike			Street Address		
City Rowley	State MA	Zip 01969	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 0	CLASS/SERIES Common Shares	PAR VALUE 0.01 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 Michael Pimental				Date 2/28/24	
Signature of Authorized Representative 				FILED	

MAR 05 2024
BY ML 5386