



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2024  
Corporation

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

AUG 07 2024

005160

1. Entity ID Number <b>75627</b>		2. Exact name of the Corporation <b>Mahoney's Fabrication, Inc.</b>	
3. Principal Office Address <b>300 Front Street</b>		City <b>Lincoln</b>	State <b>RI</b>
		Zip <b>02865</b>	
4. NAICS Code <b>236210</b>	6. Brief description of the character of business conducted in Rhode Island <b>To fabricate, manufacture and assemble products.</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Darrel A. Davidow</b>		Vice-President Name	
Street Address <b>371 Pine Street</b>		Street Address	
City <b>Pawtucket</b>	State <b>RI</b>	City	State
Zip <b>02860</b>		Zip	
Secretary Name <b>Betty L. Davidow</b>		Treasurer Name <b>Betty L. Davidow</b>	
Street Address <b>371 Pine Street</b>		Street Address <b>371 Pine Street</b>	
City <b>Pawtucket</b>	State <b>RI</b>	City <b>Pawtucket</b>	State <b>RI</b>
Zip <b>02860</b>		Zip <b>02860</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>None</b>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		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 <b>Darrel A. Davidow, President</b>			Date <b>7/31/2024</b>
Signature of Authorized Representative <b>Darrel A. Davidow, President</b>			
SIGN DOCUMENT HERE			

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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