



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

Annual Report for the year: 2024
Corporation

AUG 07 2024
 005160 *DL*

- 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 75627		2. Exact name of the Corporation Mahoney's Fabrication, Inc.			
3. Principal Office Address 300 Front Street		City Lincoln		State RI	Zip 02865
4. NAICS Code 236210		6. Brief description of the character of business conducted in Rhode Island To fabricate, manufacture and assemble products.			
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 Darrel A. Davidow			Vice-President Name		
Street Address 371 Pine Street			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Betty L. Davidow			Treasurer Name Betty L. Davidow		
Street Address 371 Pine Street			Street Address 371 Pine Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	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 <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. <i>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.</i>					
Name of Authorized Representative Darrel A. Davidow, President				Date 7/31/2024	
Signature of Authorized Representative <i>DL a DL President</i>			SIGN DOCUMENT HERE		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov