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25 JAN 9 PM 12:05:45State of Rhode Island
Department of State - Business Services DivisionAnnual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000350487		2. Exact name of the Corporation SHAWMUT EQUIPMENT COMPANY INCORPORATED			
3. Principal Office Address 20 TOLLAND TURNPIKE		City MANCHESTER	State CT	Zip 06042	
4. NAICS Code 532412		6. Brief description of the character of business conducted in Rhode Island SALE AND PRODUCT SUPPORT OF CONSTRUCTION EQUIPMENT			
5. State of Incorporation CONNECTICUT					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name DAVID O'CONNELL			Vice-President Name KEVIN O'CONNELL		
Street Address 14 BILLINGSGATE DRIVE			Street Address 7 SIDNEY WAY		
City SIMSBURY	State CT	Zip 06070	City SIMSBURY	State CT	Zip 06070
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name VICE PRESIDENT JOSEPH VERGONI			Director Name VICE PRESIDENT BRIAN O'CONNELL		
Street Address 62 PLEASANT ST			Street Address 25 APPLE TREE LANE		
City MARION	State MA	Zip 02738	City BARRINGTON	State RI	Zip 02802
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			5000	B	\$100.00
			200	A	\$100.00
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 KEVIN D. O'CONNELL					Date 1/8/25
Signature of Authorized Representative K.D. O'Connell					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2616
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

FORM 630 Revised 12/2013

JAN 09 2025
BY **BHMF5**
AA. 12:07 pm.