



State of Rhode Island

Department of State - Business Services Division

Annual 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.

FIELD

JAN 30 2025

BY 8046 *R*

1. Entity ID Number 000070593		2. Exact name of the Corporation Pro Machining Services Inc.			
3. Principal Office Address 50 Fairmount Drive			City East Greenwich	State RI	Zip 02818
4. NAICS Code 334510		6. Brief description of the character of business conducted in Rhode Island Machine and Laser Consulting, Onsite inspection and review			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephen Medeiros			Vice-President Name N/A		
Street Address 50 Fairmount Drive			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Stephen Medeiros			Treasurer Name N/A		
Street Address 50 Fairmount Drive			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stephen Medeiros			Director Name N/A		
Street Address 50 Fairmount Drive			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1	Stk	\$0.00
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 Stephen Medeiros				Date 01/28/2025	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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