



**State of Rhode Island
Department of State - Business Services Division**

FIELD

FEB 13 2025
BY 10329

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.

1. Entity ID Number 000144616		2. Exact name of the Corporation Huestis Machine Corporation			
3. Principal Office Address 68 Buttonwood Street			City Bristol	State RI	Zip 02809
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island Developing, manufacturing and marketing custom and proprietary machinery and equipment wire and cable machinery and medical equipme			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Krishnan Suthanthiran			Vice-President Name		
Street Address 6718 Springfield Drive			Street Address		
City Lorton	State VA	Zip 22079	City	State	Zip
Secretary Name James Brady			Treasurer Name		
Street Address 7643 Fullerton Road			Street Address		
City Springfield	State VA	Zip 22153	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Krishnan Suthanthiran			Director Name		
Street Address 6718 Springfield Drive			Street Address		
City Lorton	State VA	Zip 22079	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
			133,607		Common
			PAR VALUE		No Par
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 James Brady				Date 01-24-2025	
Signature of Authorized Representative 					

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