



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.

FILED

FEB 14 2025

BY 086735  
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1. Entity ID Number <b>000040935</b>		2. Exact name of the Corporation <b>M.E. O'BRIEN &amp; SONS, INC.</b>	
3. Principal Office Address <b>17 Trotter Drive, PO Box 718</b>		City <b>Medway</b>	State <b>MA</b>
		Zip <b>02053</b>	
4. NAICS Code <b>423910</b>	6. Brief description of the character of business conducted in Rhode Island <b>Manufacturing Representative of Playground Equipment</b>		
5. State of Incorporation <b>MA</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>Meghan A. O'Brien</b>		Vice-President Name <b>Erin M. O'Brien</b>	
Street Address <b>5 Cedar Farm Road</b>		Street Address <b>13 Crestview Ave.</b>	
City <b>Medway</b>	State <b>MA</b>	City <b>Medway</b>	State <b>MA</b>
Zip <b>02053</b>		Zip <b>02053</b>	
Secretary Name <b>Peter O'Brien</b>		Treasurer Name <b>Erin M. O'Brien</b>	
Street Address <b>49 Key St.</b>		Street Address <b>13 Crestview Ave.</b>	
City <b>Millis</b>	State <b>MA</b>	City <b>Medway</b>	State <b>MA</b>
Zip <b>02054</b>		Zip <b>02053</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>Meghan A. O'Brien</b>		Director Name <b>Erin M. O'Brien</b>	
Street Address <b>5 Cedar Farm Road</b>		Street Address <b>13 Crestview Ave.</b>	
City <b>Medway</b>	State <b>MA</b>	City <b>Medway</b>	State <b>MA</b>
Zip <b>02053</b>		Zip <b>02053</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		168 Common No Par	
		168 Common 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.			
<b>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.</b>			
Name of Authorized Representative <b>Erin M. O'Brien</b>			Date <b>1/30/2025</b>
Signature of Authorized Representative 			