



State of Rhode Island
Department of State - Business Services Division

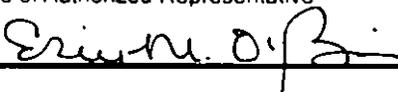
FILED

Annual Report for the year: 2025
Corporation

FEB 14 2025

BY 086735
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- 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 000040935		2. Exact name of the Corporation M.E. O'BRIEN & SONS, INC.					
3. Principal Office Address 17 Trotter Drive, PO Box 718			City Medway	State MA	Zip 02053		
4. NAICS Code 423910		6. Brief description of the character of business conducted in Rhode Island Manufacturing Representative of Playground Equipment					
5. State of Incorporation MA							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Meghan A. O'Brien			Vice-President Name Erin M. O'Brien				
Street Address 5 Cedar Farm Road			Street Address 13 Crestview Ave.				
City Medway	State MA	Zip 02053	City Medway	State MA	Zip 02053		
Secretary Name Peter O'Brien			Treasurer Name Erin M. O'Brien				
Street Address 49 Key St.			Street Address 13 Crestview Ave.				
City Millis	State MA	Zip 02054	City Medway	State MA	Zip 02053		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name Meghan A. O'Brien			Director Name Erin M. O'Brien				
Street Address 5 Cedar Farm Road			Street Address 13 Crestview Ave.				
City Medway	State MA	Zip 02053	City Medway	State MA	Zip 02053		
Director Name			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	
		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.							
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 Erin M. O'Brien					Date 1/20/2025		
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