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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 24 2025
BY 1769 02

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	2. Exact name of the Corporation
93760	MACHINE DIAGNOSTICS, INC.

3. Principal Office Address	City	State	Zip
393 Plain Road	West Greenwich	RI	02817-0000

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
811219	electronic machinery repairs and sales
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Cameron M. Hubbard	393 Plain Road	West Greenwich	RI	02817-

Vice-President Name	Street Address	City	State	Zip
Cameron M. Hubbard	393 Plain Road	West Greenwich	RI	02817-

Secretary Name	Street Address	City	State	Zip
Mary T. Hubbard	393 Plain Road	West Greenwich	RI	02817-

Treasurer Name	Street Address	City	State	Zip
Cameron M. Hubbard	393 Plain Road	West Greenwich	RI	02817-

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Cameron M. Hubbard	393 Plain Road	West Greenwich	RI	02817-
none	none	none	none	none
none	none	none	none	none
none	none	none	none	none

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
100	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		Date
Cameron M. Hubbard	President	1/04/2025

Signature of Authorized Representative: Cameron M. Hubbard

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

FORM 630- Revised: 12/2023