



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 24 2025
BY 1769 02

1. Entity ID Number 93760		2. Exact name of the Corporation MACHINE DIAGNOSTICS, INC.						
3. Principal Office Address 393 Plain Road		City West Greenwich		State RI	Zip 02817-0000			
4. NAICS Code 811219		6. Brief description of the character of business conducted in Rhode Island 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 Cameron M. Hubbard			Vice-President Name Cameron M. Hubbard					
Street Address 393 Plain Road			Street Address 393 Plain Road					
City West Greenwich	State RI	Zip 02817-	City West Greenwich	State RI	Zip 02817-			
Secretary Name Mary T. Hubbard			Treasurer Name Cameron M. Hubbard					
Street Address 393 Plain Road			Street Address 393 Plain Road					
City West Greenwich	State RI	Zip 02817-	City West Greenwich	State RI	Zip 02817-			
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐								
Director Name Cameron M. Hubbard			Director Name none					
Street Address 393 Plain Road			Street Address none					
City West Greenwich	State RI	Zip 02817-	City none	State none	Zip none			
Director Name none			Director Name none					
Street Address none			Street Address none					
City none	State none	Zip none	City none	State none	Zip none			
9. Shares Authorized Check the box to indicate an attachment ☐								
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 ☐					
			<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>100</td><td>Common</td><td>No Par</td></tr></tbody></table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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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 Cameron M. Hubbard Signature of Authorized Representative					Date 1/04/2025			
President								

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