State of Rhode Island
Department of State - Business Services Division

FILED
MAR 31 2025
BY 4219

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		
45091	MATERIALS EQUIPMENT CORP.		
3. Principal Office Address	City	State	Zip
618 GREENVILLE ROAD	NORTH SMITHFIELD	RI	02896-9
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
238910	Equipment Rental		
5. State of Incorporation			
RHODE ISLAND			

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

President Name	Street Address	City	State	Zip
Robert A. Pezza	19 Factory Pond Circle	Greenville	RI	02828

Vice-President Name	Street Address	City	State	Zip
Michael T. Pezza`	84 Madison Avenue	Cranston	RI	02920

Secretary Name	Street Address	City	State	Zip
Robert A. Pezza	19 Factory Pond Circle	Greenville	RI	02828

Treasurer Name	Street Address	City	State	Zip
Robert A. Pezza	19 Factory Pond Circle	Greenville	RI	02828

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

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	600	CNP	0.00

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
Robert A. Pezza, President	3/24/25

Signature of Authorized Representative

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov