RI SOS Filing Number: 202579435670 Date: 10/1/2025 10:32:00 AM

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV.
2025 OCT -1 A 10:29

1. Entity ID Number	2. Exact name of the Corporation			
000057683	R & R MACHINE INDUSTRIES, INC.			
3. Principal Office Address		City	State	Zip
660 GREENVILLE RD		NORTH SMITHFIELD	RI	02896
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
332710	FULL SERVICE CNC CONTRACT MACHINE SHOP. FULL RANGE OF MACHINING, ASSEMBLING, AND METAL FABRICATION SERVICES.			
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
ROLAND J LEGARE	660 GREENVILLE RD	NORTH SMITHFIELD	RI	02896

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip

Treasurer Name	Street Address	City	State	Zip

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
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
1000	CNP	0.0000

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.

FILED

Name of Authorized Representative: ROLAND J LEGARE — Date: 9/25/25

Signature of Authorized Representative: X Roland J Legare

OCT - 1 2025

BY: ALITN5

1032 KJ

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 650 Revised 12/2021