



**State of Rhode Island  
Department of State - Business Services Division**

Annual Report for the year: 2024

Corporation \_\_\_\_\_

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 14 2024

24785

1. Entity ID Number <b>293610</b>		2. Exact name of the Corporation <b>F.M. Generator, Inc.</b>			
3. Principal Office Address <b>35 Pequit Street</b>			City <b>Canton</b>	State <b>MA</b>	Zip <b>02021</b>
4. NAICS Code <b>335311</b>		6. Brief description of the character of business conducted in Rhode Island <b>Sell, maintain and service generator sets and all other lawful purposes.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Julie Mitchell</b>			Vice-President Name		
Street Address <b>35 Pequit Street</b>			Street Address		
City <b>Canton</b>	State <b>MA</b>	Zip <b>02021</b>	City	State	Zip
Secretary Name <b>Jeffrey Gould</b>			Treasurer Name <b>Julie Mitchell</b>		
Street Address <b>35 Pequit Street</b>			Street Address <b>35 Pequit Street</b>		
City <b>Canton</b>	State <b>MA</b>	Zip <b>02021</b>	City <b>Canton</b>	State <b>MA</b>	Zip <b>02021</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Michael Molway</b>			Director Name		
Street Address <b>35 Pequit Street</b>			Street Address		
City <b>Canton</b>	State <b>MA</b>	Zip <b>02021</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		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.					
<b>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.</b>					
Name of Authorized Representative <b>Jeffrey Gould, Secretary</b>					Date <b>2/14/24</b>
Signature of Authorized Representative 					