



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000541687</b>		2. Exact name of the Corporation <b>GOLDEN DELIVERY INC.</b>	
3. Principal office address <b>226 OLD COUNTY ROAD</b>		City <b>SMITHFIELD</b>	State <b>R.I.</b>
4. Business Phone No. <b>401-864-0565</b>		Zip <b>02917</b>	
5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>SMALL PACKAGE DELIVERY</b>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <b>RAYMOND GOLDEN</b>		Vice-President Name <b>JOHN CALABRO</b>	
Street Address <b>226 OLD COUNTY ROAD</b>		Street Address <b>16 MATHEWSON STREET</b>	
City <b>SMITHFIELD</b>	State <b>R.I.</b>	City <b>JOHNSTON</b>	State <b>R.I.</b>
Zip <b>02917</b>		Zip <b>02919</b>	
Secretary Name <b>RAYMOND GOLDEN</b>		Treasurer Name <b>RAYMOND GOLDEN</b>	
Street Address <b>226 OLD COUNTY ROAD</b>		Street Address <b>226 OLD COUNTY ROAD</b>	
City <b>SMITHFIELD</b>	State <b>R.I.</b>	City <b>SMITHFIELD</b>	State <b>R.I.</b>
Zip <b>02917</b>		Zip <b>02917</b>	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES
		<b>1,000.00</b>	<b>PAR VALUE</b>
		<b>\$6.01</b>	

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.

File Date  
Check No  
By  
FOR SECRETARY OF STATE USE ONLY

**FILED**  
**JAN 30 2013**

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.

**Raymond Golden**  
Signature of Authorized Representative

**1/29/13**  
Date

**Raymond Golden**  
Print or Type Name of Authorized Representative