



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. 000541687		2. Exact name of the Corporation GOLDEN DELIVERY INC.					
3. Principal office address 226 OLD COUNTY ROAD		City SMITHFIELD	State R.I.	Zip 02917			
4. Business Phone No. 401-864-0565		5. State of Incorporation RHODE ISLAND					
6. Brief description of the character of business conducted in Rhode Island SMALL PACKAGE DELIVERY							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name RAYMOND GOLDEN		Vice-President Name JOHN CALABRO					
Street Address 226 OLD COUNTY ROAD		Street Address 16 MATHEWSON STREET					
City SMITHFIELD	State R.I.	Zip 02917	City JOHNSTON	State R.I.	Zip 02919		
Secretary Name RAYMOND GOLDEN		Treasurer Name RAYMOND GOLDEN					
Street Address 226 OLD COUNTY ROAD		Street Address 226 OLD COUNTY ROAD					
City SMITHFIELD	State R.I.	Zip 02917	City SMITHFIELD	State R.I.	Zip 02917		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	City	State	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 1,000.00	CLASS/SERIES	PAR VALUE \$6.01

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.

Signature of Authorized Representative
Raymond Golden
Date
1/29/13
Print or Type Name of Authorized Representative
Raymond Golden