



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. 86206		2. Exact name of the Corporation MID-STATE DELIVERY, INC.			
3. Principal office address 43 SAGE DRIVE		City CRANSTON	State RI	Zip 02921	
4. Business Phone No. 401-369-2708		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island DELIVERY OF PRINTED MATERIAL					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DAVID L. MESSERE			Vice-President Name NONE		
Street Address 17 AUBURN AVE.			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name BEVERLY D. MESSERE			Director Name		
Street Address 43 SAGE DR.			Street Address		
City CRANSTON	State RI	Zip 02921	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. 1 NO PAR VALUE			NUMBER OF SHARES NONE	CLASS/SERIES NO PAR VALUE	PAR VALUE

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: _____

FILED

MAR 12 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.

David L. Messere **3-11-13**
 Signature of Authorized Representative Date

DAVID L. MESSERE

Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

Form No. 630
 Revised: 01/2012

By mmc
CH # 7796