



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 2015

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. 63974		2. Exact name of the Corporation Today Delivery Service, Inc.			
3. Principal office address 132 KING PHILLIP ROAD		City RUMFORD	State RI	Zip 02916	
4. Business Phone No. 401-529-2975		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Delivery Service					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name EDWARD EMOND			Vice-President Name EDWARD EMOND		
Street Address P. O. BOX 3258			Street Address P. O. BOX 3258		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
Secretary Name EDWARD EMOND			Treasurer Name EDWARD EMOND		
Street Address P. O. BOX 3258			Street Address P. O. BOX 3258		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name EDWARD EMOND			Director Name		
Street Address P. O. BOX 3258			Street Address		
City PAWTUCKET	State RI	Zip 02861	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	CLASS/SERIES	PAR VALUE
			8000	Common	No Par Value

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2015 FEB 18 PM 2:14

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

Form No. 630
Revised: 01/2012

FILED

FEB 18 2015

By 242525
A.A.

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.

Edward W. Emond 2/15/15

Signature of Authorized Representative

Date

EDWARD EMOND

Print or Type Name of Authorized Representative