



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. 63609		2. Exact name of the Corporation The E.W. McDonough Company, Inc.			
3. Principal office address 22 Rolfe Square		City Cranston	State RI	Zip 02910	
4. Business Phone No. (401) 781-0222		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island sale of office supplies and machinery and other lawful business					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (CHECK ONE) <input type="checkbox"/>					
President Name Judith E. McDonough			Vice-President Name Edward W. McDonough		
Street Address 22 Rolfe Square			Street Address 22 Rolfe Square		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Edward W. McDonough			Treasurer Name Judith E. McDonough		
Street Address 22 Rolfe Square			Street Address 22 Rolfe Square		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (CHECK ONE) <input type="checkbox"/>					
Director Name Edward W. McDonough			Director Name Judith E. McDonough		
Street Address 22 Rolfe Square			Street Address 22 Rolfe Square		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
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.					
10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
600		n/a		no 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: _____
FOR SECRETARY OF STATE USE ONLY

FILED

FEB 25 2015

BY

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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.

Judith E. McDonough 2/12/15
Signature of Authorized Representative Date

Judith E. McDonough, President

Print or Type Name of Authorized Representative