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 2016

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.	2. Exact name of the Corporation
9165	GANNON & SCOTT, INC.

3. Principal office address	City	State	Zip
33 KENNEY DRIVE	CRANSTON	RI	02920

4. Business Phone No.	5. State of Incorporation
401-463-5500	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
ASSAYING, REFINING, SMELTING MANUFACTURING, SELLING AND OTHERWISE DEALING IN METALS.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
MARGARET GANNON JONES	P.O. BOX 158	CAVE CREEK	AZ	85327

Vice-President Name	Street Address	City	State	Zip
JOSEPH O. PEIXOTO	33 KENNEY DRIVE	CRANSTON	RI	02920

Secretary Name	Street Address	City	State	Zip
CHRISTOPHER W. JONES	P.O. BOX 158	CAVE CREEK	AZ	85327

Treasurer Name	Street Address	City	State	Zip
DAVID G. DEUEL	33 KENNEY DRIVE	CRANSTON	RI	02920

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
150.5	Voting/Common	NO PAR
3,160.5	Non-Voting/Comm	NO PAR

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 2 9 2016
BY KL13914

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.

Margaret Gannon Jones 2/16/16
Signature of Authorized Representative Date

MARGARET GANNON JONES
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012