



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. 86206		2. Exact name of the Corporation MID-STATE DELIVERY, INC.	
3. Principal office address 17 AUBURN AVENUE		City JOHNSTON	State RI
		Zip 02919	
4. Business Phone No. 401-369-27089		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	
Secretary Name NONE		Treasurer Name NONE	
Street Address		Street Address	
City	State	Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name NONE		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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	CLASS/SERIES
		PAR VALUE	
		NONE	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: _____

FILED

FOR SECRETARY OF STATE USE ONLY MAR 03 2016

Form No. 630
Revised: 01/2012

BY B1105

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 2-29-16
Signature of Authorized Representative Date

DAVID L. MESSERE
Print or Type Name of Authorized Representative