



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 5370		2. Exact name of the Corporation Crown Supply Company, Inc.			
3. Principal Office Address 26 Silver Spring Street		City Providence		State RI	Zip 02904
4. NAICS Code 42	6. Brief description of the character of business conducted in Rhode Island Retail & wholesale of electrical equipment, fixtures & supplies, and related services				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William F. Donahue, IV			Vice-President Name Ronald Reposa		
Street Address 11 Connors Farm Drive			Street Address 458 Spring Street		
City Smithfield	State RI	Zip 02917	City Rockville	State RI	Zip 02873
Secretary Name Laureen R. Donahue			Treasurer Name Laureen R. Donahue		
Street Address 16 Whitewood Road			Street Address 16 Whitewood Road		
City Milford	State MA	Zip 01757	City Milford	State RI	Zip 01757
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William F. Donahue, IV			Director Name Laureen R. Donahue		
Street Address 11 Connors Farm Drive			Street Address 16 Whitewood Road		
City Smithfield	State RI	Zip 02917	City Milford	State MA	Zip 01757
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
8000		NUMBER OF SHARES CLASS/SERIES PAR VALUE			
Changes require an additional filing.		3000 common no par			
11. 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.					
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.					
Name of Authorized Representative William F. Donahue, IV, President			FILED		Date 1/16/17
Signature of Authorized Representative			JAN 23 2017		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016