



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 1081129		2. Exact name of the Corporation REDCO SUPPLY, INC.			
3. Principal Office Address 210 Cardinal Road		City Cranston		State RI	Zip 02921
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island The sale of goods			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Phillip C. Gaglione			Vice-President Name Robert Gambardelli		
Street Address 210 Cardinal Road			Street Address P.O. Box 8679		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02920
Secretary Name Phillip C. Gaglione			Treasurer Name Phillip C. Gaglione		
Street Address 210 Cardinal Road			Street Address 210 Cardinal Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.					
Changes require an additional filing.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
300		Common		No Par Value	
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 Phillip C. Gaglione, President				Date 2/2/17	
Signature of Authorized Representative					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

FEB 10 2017

BY

20429

FORM 630 - Revised: 10/2016