



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.

STAMP
 FEB 15 2017

1. Entity ID Number 6639		2. Exact name of the Corporation Malco Saw Co., Inc.			
3. Principal Office Address 22 Field Street			City Cranston	State RI	Zip 02920
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Saw company			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gregory P. Livesey			Vice-President Name Deborah G. Livesey		
Street Address 86 Hillcrest Road			Street Address 86 Hillcrest Road		
City Cranston	State RI	Zip 02879	City Cranston	State RI	Zip 02879
Secretary Name Deborah G. Livesey			Treasurer Name Gregory P. Livesey		
Street Address 86 Hillcrest Road			Street Address 86 Hillcrest Road		
City Cranston	State RI	Zip 02879	City Cranston	State RI	Zip 02879
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			10. Shares Issued 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.			NUMBER OF SHARES		
			CLASS/SERIES		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. <i>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.</i>					
Name of Authorized Representative Gregory P. Livesey, President					Date 2/15/17
Signature of Authorized Representative 					FILED
SIGN DOCUMENT HERE					FEB 21 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

BY 3774