



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.

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 BUS SVCS DIV

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| | | | | | |
|---|---|--|---|---------------------|------------------------|
| 1. Entity ID Number <u>541687</u> | | 2. Exact name of the Corporation <u>Golden Delivery Inc</u> | | | |
| 3. Principal Office Address <u>226 Old County Rd</u> | | City <u>Smithfield</u> | State <u>RI</u> | Zip <u>02917</u> | |
| 4. NAICS Code <u>81</u> | 6. Brief description of the character of business conducted in Rhode Island <u>Contractor for Fed Ex Ground Package Delivery Service</u> | | | | |
| 5. State of Incorporation <u>RI</u> | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name <u>Ray Golden</u> | | | Vice-President Name <u>John Calabro</u> | | |
| Street Address <u>226 Old County Rd</u> | | | Street Address <u>16 Materson St</u> | | |
| City <u>Smithfield</u> | State <u>RI</u> | Zip <u>02917</u> | City <u>Johnston</u> | State <u>RI</u> | Zip <u>02919</u> |
| Secretary Name <u>Maria Kiff</u> | | | Treasurer Name <u>Ray Golden</u> | | |
| Street Address <u>87 Tate St</u> | | | Street Address <u>226 Old County Rd</u> | | |
| City <u>Coxsack</u> | State <u>RI</u> | Zip <u>02816</u> | City <u>Smithfield</u> | State <u>RI</u> | Zip <u>02917</u> |
| 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 | | |
| | | | <u>100</u> | | |
| | | | <u>STK</u> | | |
| | | | <u>0.0100</u> | | |
| 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 <u>Maria R. Kiff</u> | | | | | Date <u>8.22.17</u> |
| Signature of Authorized Representative <u>Maria R. Kiff</u> | | | | | |

 MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 BY CM 310745 **FILED**
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