



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
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 8770		2. Exact name of the Corporation R. MC. CORMACK'S INCORPORATED			
3. Principal Office Address 312 VEAZIE STREET			City PROVIDENCE	State RI	Zip 02908
4. NAICS Code 722410		6. Brief description of the character of business conducted in Rhode Island PUB			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RICHARD MC CORMACK			Vice-President Name KELLY MC CORMACK		
Street Address 312 VEAZIE STREET			Street Address 312 VEAZIE STREET		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Secretary Name KELLY MC CORMACK			Treasurer Name KELLY MC CORMACK		
Street Address 312 VEAZIE STREET			Street Address 312 VEAZIE STREET		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name KELLY MC CORMACK			Director Name		
Street Address 3121 VEAZIE STREET			Street Address		
City PROVIDENCE	State RI	Zip 02908	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. 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 RICHARD MC CORMACK					Date 2-12-18
Signature of Authorized Representative <i>Richard McCormack</i>					

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 16 2018

FORM 630 - Revised: 10/2017

NY: **23059185523**