



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.

FILED
 FEB 20 2018
 BY 19675

1. Entity ID Number 5370		2. Exact name of the Corporation Crown Supply <u>Co, Inc</u>			
3. Principal Office Address 26 Silver Spring Street			City Providence	State RI	Zip 02904
4. NAICS Code <u>327110</u>		6. Brief description of the character of business conducted in Rhode Island Retail & wholesale of electrical equipment, fiixtures & 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 MA	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		PAR VALUE	
8000		NUMBER OF SHARES	CLASS/SERIES		
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				Date 2/12/18	
Signature of Authorized Representative SEE SIGNATURE HERE					

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