State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED
FEB 26 2018
BY 523806

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	2. Exact name of the Corporation		
57156	General Supply & Metals, Inc.		
3. Principal Office Address	City	State	Zip
47 Nauset St.	New Bedford	MA	02746
4. NAICS Code: 423390	6. Brief description of the character of business conducted in Rhode Island: wholesale distributor of supplies		
5. State of Incorporation: MA			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Doreen Patys			Vice-President Name: None		
Street Address: 47 Nauset St.			Street Address:		
City: New Bedford	State: MA	Zip: 02746	City:	State:	Zip:
Secretary Name: Doreen Patys			Treasurer Name: Doreen Patys		
Street Address: 47 Nauset St.			Street Address: 47 Nauset St.		
City: New Bedford	State: MA	Zip: 02746	City: New Bedford	State: MA	Zip: 02746

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Doreen Patys			Director Name: None		
Street Address: 47 Nauset St.			Street Address:		
City: New Bedford	State: MA	Zip: 02746	City:	State:	Zip:
Director Name: None			Director Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500	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	Date
Doreen Patys	2-23-2018

Signature of Authorized Representative

SIGN DOCUMENT 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

FORM 630 - Revised: 10/2017