



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

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV.

Annual Report for the year: 2018  
 Corporation

2018 SEP 11 PM 2:45

- 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 <b>541687</b>		2. Exact name of the Corporation <b>GOLDEN DELIVERY INC.</b>			
3. Principal Office Address <b>226 Old Country Rd.</b>			City <b>SMITHFIELD</b>	State <b>R.I.</b>	Zip <b>02917</b>
4. NAICS Code <b>492210</b>		6. Brief description of the character of business conducted in Rhode Island <b>CONTRACTOR FOR FED EX GROUND PACKAGE DELIVERY SERVICE</b>			
5. State of Incorporation <b>R1</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>RAYMOND GOLDEN</b>			Vice-President Name <b>JOHN CALABRO</b>		
Street Address <b>226 Old Country Rd.</b>			Street Address <b>16 MATEWSON ST</b>		
City <b>SMITHFIELD</b>	State <b>R.I.</b>	Zip <b>02917</b>	City <b>JOHNSTON</b>	State <b>R.I.</b>	Zip <b>02919</b>
Secretary Name <b>MARIA KIFF</b>			Treasurer Name <b>RAYMOND GOLDEN</b>		
Street Address <b>87 TAFT ST</b>			Street Address <b>226 Old Country Rd.</b>		
City <b>COVENTRY</b>	State	Zip	City <b>SMITHFIELD</b>	State <b>R.I.</b>	Zip <b>02917</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			<b>1000</b>		<b>0.01</b>
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 <b>RAYMOND GOLDEN</b>				Date <b>9/11/18</b>	
Signature of Authorized Representative <i>Raymond Golden</i>				<b>FILED</b> SEP 11 2018 2:45	

MAIL TO:  
 Division of Business Services  
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