



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

FILED

FEB: 11 2019

BY 4944

Annual Report for the year: 2019
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 116317		2. Exact name of the Corporation Mahoney's Scrap Metal, Inc.			
3. Principal Office Address 300 Front Street		City Lincoln		State RI	Zip 02865
4. NAICS Code 212299		6. Brief description of the character of business conducted in Rhode Island Sale of scrap metal.			
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 Darrel A. Davidow			Vice-President Name Alexander F. Davidow		
Street Address 19 Amber Lane			Street Address 506 Newman Avenue		
City Attleboro	State MA	Zip 02703	City Seekonk	State MA	Zip 02771
Secretary Name Betty L. Davidow			Treasurer Name Betty L. Davidow		
Street Address 506 Newman Avenue			Street Address 506 Newman Avenue		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Alexander F. Davidow			Director Name Betty L. Davidow		
Street Address 506 Newman Avenue			Street Address 506 Newman Avenue		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Director Name			Director Name		
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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			2000	Common	No 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 Darrel A. Davidow, President					Date 2/8/2019
Signature of Authorized Representative President 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