



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILED

FEB: 11 2019

BY

41944

[Signature]

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	City Seekonk	State MA
	Zip 02703		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	City Seekonk	State MA
	Zip 02771		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	City Seekonk	State MA
	Zip 02771		Zip 02771
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		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
		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 <i>[Signature]</i> PRESIDENT SIGN DOCUMENT HERE			

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016