



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 14 2019

BY

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1. Entity ID Number 000024312		2. Exact name of the Corporation DAVID LONDON & SONS, INC.			
3. Principal Office Address 25 CARRINGTON STREET		City LINCOLN		State RI	Zip 02865
4. NAICS Code 423990		6. Brief description of the character of business conducted in Rhode Island SALES OF SHIPPING MATERIALS			
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 JEROME LONDON			Vice-President Name DOROTHY LONDON		
Street Address 299 ALBION ROAD			Street Address 299 ALBION ROAD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name JEROME LONDON			Treasurer Name EDWARD LONDON		
Street Address SEE ABOVE			Street Address 20 KIRKBRÆE DRIVE		
City	State	Zip	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JEROME LONDON			Director Name DOROTHY LONDON		
Street Address SEE ABOVE			Street Address SEE ABOVE		
City	State	Zip	City	State	Zip
Director Name EDWARD LONDON			Director Name		
Street Address SEE ABOVE			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			
		300		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 JEROME LONDON				Date JANUARY 15, 2019	
Signature of Authorized Representative <i>Jerome London</i>				SON DOCUMENT 11111	

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