

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

STAMP

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 001669774		2. Exact name of the Corporation INDUSTRIAL SALES AND DISTRIBUTION, INC.			
3. Principal Office Address 28 Yankee Drive		City Westerly		State RI	Zip 02891
4. NAICS Code 423990	6. Brief description of the character of business conducted in Rhode Island Wholesale of solvents and adhesives.				
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 Kathryn Brennan			Vice-President Name Gilbert Brennan		
Street Address 28 Yankee Drive			Street Address 28 Yankee Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Kathryn Brennan			Treasurer Name Gilbert Brennan		
Street Address 28 Yankee Drive			Street Address 28 Yankee Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kathryn Brennan			Director Name Gilbert Brennan		
Street Address 28 Yankee Drive			Street Address 28 Yankee Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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
			1000	Common	None
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. <i>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.</i>					
Name of Authorized Representative Kathryn Brennan, President				Date 2/4/19	
Signature of Authorized Representative <i>Kathryn Brennan</i>				SIGN DOCUMENT HERE FILED <i>RU</i>	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2017