



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.

1. Entity ID Number 63609		2. Exact name of the Corporation The E. W. McDonough Company, Inc.			
3. Principal Office Address 22 Rolfe Square			City Cranston	State RI	Zip 02910
4. NAICS Code 424120		6. Brief description of the character of business conducted in Rhode Island sales of office supplies and machinery and other lawful business			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Judith E. McDonough			Vice-President Name Edward W. McDonough		
Street Address 22 Rolfe Square			Street Address 22 Rolfe Square		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Edward W. McDonough			Treasurer Name Judith E. McDonough		
Street Address 22 Rolfe Square			Street Address 22 Rolfe Square		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Edward W. McDonough			Director Name Judith E. McDonough		
Street Address 22 Rolfe Square			Street Address 22 Rolfe Square		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
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 600	CLASS/SERIES n/a	PAR VALUE 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. FILED					
Name of Authorized Representative Judith E. McDonough				Date 2/20/19	
Signature of Authorized Representative <i>Judith E. McDonough</i>				BY 5082 DS	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov