



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.

STAMPFOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 1081129		2. Exact name of the Corporation REDCO SUPPLY, INC.												
3. Principal Office Address 210 Cardinal Road			City Cranston	State RI	Zip 02921									
4. NAICS Code 444190	6. Brief description of the character of business conducted in Rhode Island The sale of goods													
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 Phillip C. Gaglione			Vice-President Name Robert Gambardelli											
Street Address 210 Cardinal Road			Street Address P.O. Box 8679											
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02920									
Secretary Name Phillip C. Gaglione			Treasurer Name Phillip C. Gaglione											
Street Address 210 Cardinal Road			Street Address 210 Cardinal Road											
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued 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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>300</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	300	Common	No Par Value			
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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 Phillip C. Gaglione, President				Date ✓ 2/28/19										
Signature of Authorized Representative 				SIGN DOCUMENT HERE 30118 DS										