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State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2020 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILEDSTAME
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JAN 27 2020

1. Entity ID Number 2. Exact name of the Corporation 000009165 GANNON & SCOTT, INC. 3. Principal Office Address City State Zıp 02920 33 KENNEY DRIVE **CRANSTON** RI 4. NAICS Code Brief description of the character of business conducted in Rhode Island 331492 ASSAYING, REFINING, SMELTING, MANUFACTURING, SELLING AND OTHERWISE DEALING IN METALS. State of Incorporation **RHODE ISLAND** 7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name CHRISTOPHER W. JONES Vice-President Name JOSEPH O. PEIXOTO Street Address 33 KENNEY DRIVE Street Address 33 KENNEY DRIVE State RI State RI <sup>Zip</sup> 02920 Zip 02920 City CRANSTON City CRANSTON Treasurer Name DAVID G. DEUEL Secretary Name JOSEPH O. PEIXOTO Street Address 33 KENNEY DRIVE Street Address 33 KENNEY DRIVE State RI <sup>Zip</sup> 02920 Žip 02920 Cily CRANSTON City CRANSTON Check the box to indicate an attachment 8. List ALL directors (names and addresses) Director Name Director Name Street Address Street Address City City State Zip State Zip Director Name Director Name Street Address Street Address City State Zip City State Zıp 10. Shares Issued Check the box to indicate an attachment 9. Shares Authorized NUMBER OF SHARES CLASS/SERIES PAR VALUE This information is currently of record in the Department of State. VOTING/COMMON 0 150.5 Changes require an additional filing. 3,160,5 NON-VOTING/COMM 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 Date **CHRISTOPHER W. JONES** 2020

SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

Signature of Authorized Representative

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

Phone: (401) 222-3040 Website: www.sos.ri.gov