



Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2021**

Corporation

STAMP

→ 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 333377		2. Exact name of the Corporation McDonald Adjustment Company, Inc.												
3. Principal Office Address 10 Hopkins Avenue			City Johnston	State RI	Zip 02919									
4. NAICS Code 524292		6. Brief description of the character of business conducted in Rhode Island Insurance Claims Adjuster.												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Thomas McDonald			Vice-President Name Thomas McDonald											
Street Address 10 Hopkins Avenue			Street Address 10 Hopkins Avenue											
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919									
Secretary Name Thomas McDonald			Treasurer Name Thomas McDonald											
Street Address 10 Hopkins Avenue			Street Address 10 Hopkins Avenue											
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919									
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>0</td> <td>Common</td> <td>.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	0	Common	.01			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
0	Common	.01												
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 Thomas McDonald				Date 1/26/2021										
Signature of Authorized Representative 				<div style="text-align: center;"> FILED FEB 04 2021 KM </div>										

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

BY **3881**