



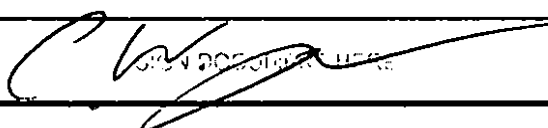
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2021**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

MAR 01 2021

RY 2439

1. Entity ID Number 000009165		2. Exact name of the Corporation GANNON & SCOTT, INC.			
3. Principal Office Address 33 KENNEY DRIVE			City CRANSTON	State RI	Zip 02920
4. NAICS Code 331492		6. Brief description of the character of business conducted in Rhode Island ASSAYING, REFINING, SMELTING, MANUFACTURING, SELLING AND OTHERWISE DEALING IN METALS.			
5. 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		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name JOSEPH O. PEIXOTO			Treasurer Name DAVID G. DEUEL		
Street Address 33 KENNEY DRIVE			Street Address 33 KENNEY DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			150.5	VOTING/COMMON	0
			3,160.5	NON-VOTING/COMM	0
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 CHRISTOPHER W. JONES					Date
Signature of Authorized Representative 					

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