



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2019**
 Corporation

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 BUS SVCS DIV

2021 APR -5 AM 9:57

- 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 000021502		2. Exact name of the Corporation Genalco, Inc.			
3. Principal Office Address 380 R Jefferson Boulevard			City Warwick	State RI	Zip 02888
4. NAICS Code 423840	6. Brief description of the character of business conducted in Rhode Island Distributor of Industrial and Contractor Supplies				
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph P. MulCahy			Vice-President Name		
Street Address 34 Rhodes Street			Street Address		
City Plainville	State MA	Zip 02762	City	State	Zip
Secretary Name Joseph H. Skerry, III			Treasurer Name		
Street Address 200 Ledgewood Drive #405			Street Address		
City Stoneham	State MA	Zip 02180	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph P. MulCahy			Director Name		
Street Address 34 Rhodes Street			Street Address		
City Plainville	State MA	Zip 02762	City	State	Zip
Director Name Karen MulCahy			Director Name		
Street Address 34 Rhodes Street			Street Address		
City Plainville	State MA	Zip 02762	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.		NUMBER OF SHARES		CLASS/SERIES	FAR VALUE
		670	CNP	\$0.0	
		0	PWP	\$145,000	
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 <i>Joseph MulCahy</i>					Date 4-2-21
Signature of Authorized Representative <i>[Handwritten Signature]</i>					

FILED

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

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BY *[Handwritten Signature]* FORM 300 - Revised 09/2020