RI SOS Filing Number: 202217250500 Date: 5/5/2022 4:00:00 PM

State of Rhode Island and Providence Plantations

Annual Report for the year: 2022 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	Department of State - Business Services Division FILED							
Filing period: January 1 - March 1 → Filing period: January 1 - March 1 → Filing Fee: SS0.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 1. Entity ID Number B B B D B B B B B B B B B B B B B B B	•	ır: 20	22				•	
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3. Principal Office Address 17 AURURN AUENUE 19 JOHNSTON State 21 JOHNSTON State 21 JOHNSTON State 21 JOHNSTON State 21 JOHNSTON State 3. Principal Office Address State of Incorporation Phope Island Delivery of Printed Material Deliver Name None Street Address Street Address City State Director Name Director Na	→ Penalty: Additional \$25,00 fee				11-1-1			
17 AUBURN AVENUE JOHNSTON RI 02919	1. Entity ID Number 86206 2. Exact name of the Corporation MID-STATE DELIVERY, INC.							
State of Incorporation RHODE I SLAND 7. LISTALL officers (names and addresses) President Name DAVID L. MESSERE Vice-President Name NONE Street Address 17 Au Burn Ave. City Johnston State Vice President Name Vone Street Address Street Address City State Zip O2919 City State Zip Director Name Director Name Street Address Street Address Street Address Street Address Street Address City State Zip City State Zip Director Name Street Address Street Address City State Zip Number of States Number	3. Principal Office Address 17 AUBURN AVENUE City JOHNSTON RI 02919							
President Name DAVID L. MESSERE Vice-President Name NONE Street Address 17 Au BURN AVE. City JOHNSTON State PI Zip 02919 City State Zip Secretary Name NoNE Street Address City State Zip City State Zip B. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name NoNE Street Address City State Zip City State Zip Director Name Director Name Street Address City State Zip City State Zip Director Name Street Address City State Zip Director Name Street Address City State Zip Director Name Street Address City State Zip Director Name Director Name Director Name Director Name City State Zip Director Name Street Address City State Zip Director Name Number Of State Zip PAN VALUE Department of State. No PAR VALUE	5. State of Incorporation DELIVERY OF PRINTED MATERIAL							
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/ No PAR VALUE	Changes require an additional filing. / NO PAR VALUE		1001	70002 100 17		-	() 10 · 2	
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								
DAVID L. MESSERE 3-31-22	31-22							
Name of Authorized Representative DAVID L. MESSERE Signature of Authorized Representative David Sign Doffmers Signs David Sign Doffmers Sign								

MAIL TO:

Division of Business Services

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

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