



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

2022

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FILED

MAY 05 2022

BY

7624 *JS*

1. Entity ID Number 86206		2. Exact name of the Corporation MID-STATE DELIVERY, INC.			
3. Principal Office Address 17 AUBURN AVENUE			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island DELIVERY OF PRINTED MATERIAL			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVID L. MESSERE			Vice-President Name NONE		
Street Address 17 AUBURN AVE.			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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. 1 NO PAR VALUE			NUMBER OF SHARES NONE		
			CLASS/SERIES NO PAR		PAR VALUE VALUE
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 DAVID L. MESSERE				Date 3-31-22	
Signature of Authorized Representative <i>David L. Messere</i>					

MAIL TO:

Division of Business Services

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