State of Rhode Island ...

## **Department of State - Business Services Division**

Annual Report for the year: 2023 Corporation

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.	00 fee if form is no	ot filed by May 31.					
Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
139311	McIntyre	McIntyre & Sons, Inc.					
3. Principal Office Address			City		State	Zıp	
1179 Putnam Pike			Chepacl	het	RI	02814	
4. NAICS Code	<ol><li>Brief descr</li></ol>	iption of the charac	ter of business	conducted in Rhode	Island		
453220	the opera	the operation of a country store for retail sales					
5. State of Incorporation			•				
Rhode Island							
7. List ALL officers (names and President Name	lyess Daniel	Check the box to indicate an attachment					
President Name Elizabeth L. Yuill			Vice-President Name None				
Street Address 1179 Putnam Pike			Street Address				
<sup>City</sup> Chepachet	State RI	<sup>Zip</sup> 02814	City		State	Zip	
Secretary Name Elizabeth L. Yuill			Treasurer Name Elizabeth L. Yuill				
trect Address 1179 Putnam Pike			Street Address 1179 Putnam Pike				
City Chepachet	State RI	<sup>Zip</sup> 02814	City Chepachet		State RI	<sup>Zip</sup> 02814	
List ALL directors (names ar Director Name	nd addresses)	·	ID:		the box to i	ndicate an attachment 🔲	
None			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Ζιρ	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City	·	State	Zip	
					O.B.C		
9. Shares Authorized This information is currently of record in the		10. Shares Issued NUMBER OF SHARES		Check the box to indicate an attachment CLASS/SHRIES PAR VALUE			
Department of State. Changes require an additional filing.		200		common		\$1.00	
						\$1.00	
11. This report must be execute	ed on behalf of the	corporation by an a	uthorized repre	I sentative. If the corpo	oration is in t	he hands of a receiver or	
trustee, this report must be exe Under penalty of perjury, I de	cuted on behalf of	the corporation by hat I have examin	the receiver or t	rustee. including any accor	nganying s	chadulas and	
<u>statements, and tha</u> t all state	ments contained	herein are true an	d correct.		iipanying si		
Name of Authorized Representative  Elizabeth L. Yuill, President  Date  2/16/23							
Signature of Authorized Repres	sentative Z Y w	Ül			1 2/	14/2	

MAIL TO: ()
Division of Business Services

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

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