



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024
Corporation

APR 18 2024

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

BY Wale DS

1. Entity ID Number 139311		2. Exact name of the Corporation McIntyre & Sons, Inc.			
3. Principal Office Address 1179 Putnam Pike			City Chepachet	State RI	Zip 02814
4. NAICS Code 453220		6. Brief description of the character of business conducted in Rhode Island the operation of a country store for retail sales			
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 Elizabeth L. Yuill			Vice-President Name None		
Street Address 1179 Putnam Pike			Street Address		
City Chepachet	State RI	Zip 02814	City	State	Zip
Secretary Name Elizabeth L. Yuill			Treasurer Name Elizabeth L. Yuill		
Street Address 1179 Putnam Pike			Street Address 1179 Putnam mPike		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	common	\$1.00
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 Elizabeth L. Yuill, President				Date 4/13/24	
Signature of Authorized Representative 					

MAIL TO:
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