RI SOS Filing Number: 202454061970 Date: 5/1/2024 4:00:00 PM

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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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

1. Entity ID Number	2. Exact name of the Corporation
000541687	Golden Delivery, Inc.

3. Principal Office Address	City	State	Zip
37 ROYAL AVENUE	WARWICK	RI	02889

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
492210	CONTRACTOR FOR FEDEX GROUND. PACKAGE DELIVERY SERVICE Title: 7-1.2-1701
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
LINDSAY GAVIN	
Street Address: 37 ROYAL AVENUE	Street Address
City: WARWICK State: RI Zip: 02889	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
RAYMOND GOLDEN	
Street Address: 37 Royal Ave	Street Address
City: Warwick State: RI Zip: 02889	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 ☐		
This Information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1000	STK	.01

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
LINDSAY GAVIN	FILED 11:09	
Signature of Authorized Representative	MAY - 1 2024 BY MMONN	

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

FORM 630- Revised. 12/2023