



State of Rhode Island
Department of State - Business Services Division

FILED
STAMP
MAY 08 2024
BY *[Signature]*

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 001081129		2. Exact name of the Corporation REDCO SUPPLY, INC.			
3. Principal Office Address 210 Cardinal Road			City Cranston	State RI	Zip 02921
4. NAICS Code 444190		6. Brief description of the character of business conducted in Rhode Island The sale of goods.			
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 Phillip C. Gaglione			Vice-President Name Robert Gambardelli		
Street Address 210 Cardinal Road			Street Address P.O. Box 8679		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02920
Secretary Name Phillip C. Gaglione			Treasurer Name Phillip C. Gaglione		
Street Address 210 Cardinal Road			Street Address 210 Cardinal Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			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
		300	Common	No PAR 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 Phillip C. Gaglione, President					Date 4/12/24
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
Division of Business Services
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