



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.

APR 26 2024
 1079

1. Entity ID Number 000009165		2. Exact name of the Corporation GANNON & SCOTT, INC.				
3. Principal Office Address 33 KENNEY DRIVE			City CRANSTON	State RI	Zip 02920	
4. NAICS Code 331492		6. Brief description of the character of business conducted in Rhode Island ASSAYING, REFINING, SMELTING, MANUFACTURING, SELLING AND OTHERWISE DEALING IN METALS.				
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 CHRISTOPHER W. JONES			Vice-President Name JOSEPH O. PEIXOTO			
Street Address 33 KENNEY DRIVE			Street Address 33 KENNEY DRIVE			
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920	
Secretary Name JOSEPH O. PEIXOTO			Treasurer Name DAVID G. DEUEL			
Street Address 33 KENNEY DRIVE			Street Address 33 KENNEY DRIVE			
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
Director Name			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.			NUMBR OF SHARES		PAR VALUE	
			150.5		Voting/Common	0
			3,160.5		Non-Voting/Comr	0
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 CHRISTOPHER W. JONES					Date 4/22/24	
Signature of Authorized Representative 						

MAIL TO:
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 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov