

1.) CORPORATION NAME: SAMUEL E. MITCHELL & SON, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4001 9TH ST NORTH STE 227 ARLINGTON, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ARLINGTON COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: NJ	DUE DATE: 4/30/2016 SCC ID NO: F1893348 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
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6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 29 TRINITY STREET CITY/ST/ZIP: NEWTON, NJ 07860
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: KEITH A MITCHELL TITLE: PRESIDENT ADDRESS: 29 TRINITY ST CITY/ST/ZIP/CO: NEWTON, NJ 07860	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: DIANE MITCHELL TITLE: SEC/TREAS ADDRESS: 29 TRINITY ST CITY/ST/ZIP/CO: NEWTON, NJ 07860	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ KEITH A MITCHELL	KEITH A MITCHELL, PRESIDENT	3/2/2016
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.