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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

***Filing Period: January 1 - March 1* • *Filing Fee: $50.00** **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No. 3896	2. Name of Corporation: Central Paper Co., Inc.		
3. Street Address Principal Business Office: 1495 Newport Ave.	City: Pawtucket,	State: RI	Zip: 02861
4. Business Phone No. (401) 723-5960	5. State of Incorporation: RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island
Purchase, sale, distribution, manufacture or disbursement of paper goods.

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: Paul A. Perkowski			Vice President Name: Elizabeth Perkowski		
Street Address: 36 Riverview Ave.			Street Address: 36 Riverview Ave.		
City: Swansea,	State: MA	Zip: 02777	City: Swansea,	State: MA.	Zip: 02777
Secretary Name: Elizabeth Perkowski			Treasurer Name: Paul A. Perkowski		
Street Address: 36 Riverview Ave.			Street Address: 36 Riverview Ave.		
City: Swansea,	State: MA.	Zip: 02777	City: Swansea,	State: MA.	Zip: 02777

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: Paul A. Perkowski			Director Name: Elizabeth Perkowski		
Street Address: 36 Riverview Ave.			Street Address: 36 Riverview Ave.		
City: Swansea,	State: MA.	Zip: 02777	City: Swansea,	State: MA.	Zip: 02777
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐
AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
20,000	Common	No Par Value

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐
ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
20,000	Common	No Par

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.

[redacted] [redacted]

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.

X [signature] 1.12.09
Signature Date

PAUL A. PERKOWSKI
Print or Type Name

PRESIDENT
Title

File Date FILED
Check No. JAN 16 2009
By: 9106 By
30806-21-835064 SECRETARY OF STATE USE ONLY

[redacted]