

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. 7-1.2-150).

1 Corporate ID No. 13073		2. Name of Corporation Grimes Box Co., Inc.				
3. Street Address Principal Business Office 112 Telmore Road			City Warwick	State RI	^{Ζip} 02818	
4 Business Phone No. 5. State of Incorporation Rhode Island						
	s of boxes, containe	s and other types of packagi	-			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR AT President Name Brian A. Grimes			Vice President Name None			
Street Address 112 Telmore Road			Street Address			
ւս։ Warwick	State RI	^{Zip} 02818	City	State	Zip	
Secretary Name Brian A. Grimes			Treasurer Name Brian A. Grimes			
Street Address 112 Telmore Road			Street Address 112 Telmore Road			
City Warwick	State RI	^{Zip} 02818	City Warwick	State RI	7.tp 02818	
8. NAMES AND ADDI Director Name Brian A. Grimes	RESSES OF THE DIR	ECTORS: ("X" BOX FOR AT	TACHMENT) FILL Director Name	n spaces before usin	G ATTACHMENTS	
Street Address 112 Telmore Road			Street Address			
_{City} Warwick	State RI	Zip 02818	CH9	State	Zip	
Director Name	•••••••••••••		Director Name	•••••••••••••••••••••••••••••••••••••••		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
). SHARES AUTHORI	ZED		•	 	The second secon	
This information is cu	arrently of record in t	he Office of the Secretary of	Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			500	Common	No par	
			100000000000000000000000000000000000000	TOPON TRANSPORT	COLUMN TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE T	
This report must be ex	ecuted on behalf of t	he corporation by an authorize	ed representative. If the	corporation is in the hand	s of a receiver or trustee	

File Date	FILED
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ву: Ву	10901
FOR	SECRETARY OF STATE USE ONLY

nder penalty of perjury, I declare and affirm that I have examined this report,
cluding any accompanying schedules and statements, and that all statements ontained herein are true and correct.
2/3/09
gnature Date
Brian A. Grimes
rint or Type Name
President
tle .