



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. 113316		2. Name of Corporation Packaging & Shipping Solutions, Inc.	
3. Street Address Principal Business Office 70 Frenchtown Road		City N. Kingstown	State RI
4. Business Phone No. 401-885-6245		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island Packaging & Shipping business			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name VERNON S. LAWRENCE, SR.		Vice President Name PATRICIA-ANN M. LAWRENCE	
Street Address 44 Nelson Drive		Street Address 44 Nelson Drive	
City Exeter	State RI	City Exeter	State RI
Zip 02822		Zip 02822	
Secretary Name PATRICIA-ANN M. LAWRENCE		Treasurer Name VERNON S. LAWRENCE, SR.	
Street Address 44 Nelson Drive		Street Address 44 Nelson Drive	
City Exeter	State RI	City Exeter	State RI
Zip 02822		Zip 02822	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name VERNON S. LAWRENCE, SR.		Director Name PATRICIA-ANN M. LAWRENCE	
Street Address 44 Nelson Drive		Street Address 44 Nelson Drive	
City Exeter	State RI	City Exeter	State RI
Zip 02822		Zip 02822	
Director Name NONE		Director Name NONE	
Street Address NONE		Street Address NONE	
City NONE	State NONE	City NONE	State NONE
Zip NONE		Zip NONE	
9. SHARES AUTHORIZED 1,000 COMM NO PAR VALUE		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐	
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		Number of Shares 500	Class/Series Common
			Par Value 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.

File Date	FILED
Check No.	MAR 02 2009
By:	By 1471
FOR SECRETARY OF STATE USE ONLY	

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.

Signature Vernon S. Lawrence Date 2/26/09
VERNON S. LAWRENCE, SR.
Print or Type Name
PRESIDENT
Title