



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. 62120		2. Name of Corporation VAC-FORMING UNLIMITED, INC.			
3. Street Address Principal Business Office 161 Rand Street		City Central Falls	State RI	Zip 02863	
4. Business Phone No. 401-723-6603		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Design, manufacture and sale of thermo formed packaging products					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph Maques		Vice President Name Lourdes Marques			
Street Address 4 Thornwood Drive		Street Address 4 Thornwood Drive			
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Lourdes Marques		Treasurer Name Joseph Marques			
Street Address Same as above		Street Address Same as above			
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None		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 ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Cuts/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	3-16-09
Check No.	16290
By:	MMC
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 Joseph Marques Date 3/2/09
Joseph Marques
Print or Type Name
President
Title