



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

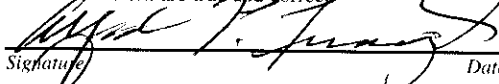
Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(c), 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. 141654		2. Name of Corporation Polyplex Systems, Inc.			
3. Street Address Principal Business Office 111 Middle Street			City Lincoln	State RI	Zip 02865
4. Business Phone No. (401) 725-5121		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To carry on, conduct and engage in the industry of plastics, plastic compositions of all kinds & other related materials.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul Triangolo			Vice President Name Alfred P. Triangolo		
Street Address 266 Stillwater Road			Street Address 93 Coolridge Avenue		
City Smithfield	State RI	Zip 02917	City Greenville	State RI	Zip 02828
Secretary Name Alfred P. Triangolo			Treasurer Name Paul Triangolo		
Street Address 93 Coolridge Avenue			Street Address 266 Stillwater Road		
City Greenville	State RI	Zip 02828	City Smithfield	State RI	Zip 02917
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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	Class/Series	Par Value
			1,000	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.

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 _____ Date 5-3-09
Alfred P. Triangolo
Print or Type Name
Vice President
Title

File Date	FILED
Check No.	MAY 18 2009
By	By 3067
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