



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 0051826 2. Name of Corporation KRISSIE PRODUCTS, INC.  
3. Street Address Principal Business Office 232 Taylor Road City Portsmouth State RI Zip 02871  
4. Business Phone No. (401) 846-1701 5. State of Incorporation RHODE ISLAND 6. SIC Code  
7. Brief Description of the Character of Business Conducted in Rhode Island

Manufacturing and selling of disposable products in the bib or garment protection line

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name JOAN C. REED Vice President Name NONE  
Street Address 232 Taylor Road Street Address  
City Portsmouth State RI Zip 02871 City Portsmouth State RI Zip 02871  
Secretary Name JOAN C. REED Treasurer Name JOAN C. REED  
Street Address 232 Taylor Road Street Address 232 Taylor Road  
City Portsmouth State RI Zip 02871 City Portsmouth State RI Zip 02871

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name JOAN C. REED Director Name JOHN J. REED  
Street Address 232 Taylor Road Street Address 232 Taylor Road  
City Portsmouth State RI Zip 02871 City Portsmouth State RI Zip 02871  
Director Name CHRISTINE M. REED  
Street Address 232 Taylor Road  
City Portsmouth State RI Zip 02871

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
1,000 SHS NO PAR VAL

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
250 Common NPV

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 7-26-99

Check No.: 2694

By: AMF

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 of Officer JOAN C. REED Date 7-15-99

Print or Type Name of Officer JOAN C. REED

Title of Officer President