



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 02903-1331
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **51826** 2. Name of Corporation **KRISSIE PRODUCTS, INC.**
3. Street Address Principal Business Office **232 Taylor Road** City **Portsmouth** State **R.I.** 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	Director Name
Street Address 232 Taylor Road	Street Address
City Portsmouth State RI Zip 02871	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



* 5 1 8 2 6 *

File Date: 6-25-98

Check No.: 2496

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.

Joan C. Reed 6-12-98
Signature of Officer Date

JOAN C. REED

Print or Type Name of Officer

President

Title of Officer