



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 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

0051826

KRISSIE PRODUCTS, INC.

3. Street Address Principal Business Office

232 Taylor Road

City

Portsmouth

State

Rhode Island

Zip

02871

4. Business Phone No.

(401) 846-1701

5. State of Incorporation

Rhode Island

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

Street Address

232 Taylor Road

City

Portsmouth

State

Rhode Island

Zip

02871

Secretary Name

Joan C. Reed

Street Address

232 Taylor Road

City

Portsmouth

State

Rhode Island

Zip

02871

Vice President Name

none

Street Address

City

State

Zip

Treasurer Name

Joan C. Reed

Street Address

232 Taylor Road

City

Portsmouth

State

Rhode Island

Zip

02871

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

Director Name

Joan C. Reed

Street Address

232 Taylor Road

City

Portsmouth

State

Rhode Island

Zip

02871

Director Name

John J. Reed

Street Address

232 Taylor Road

City

Portsmouth

State

Rhode Island

Zip

02871

Director Name

Christine M. Reed

Street Address

232 Taylor Road

City

Portsmouth

State

Rhode Island

Zip

02871

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

N.P.V.

ISSUED SHARES

Number of Shares

Class/Series

Par Value

250

Common

N.P.V.

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

File Date: 7/19/97

Check No.: 2360

By: CC

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: June 30, 1997

Joan C. Reed

Print or Type Name of Officer

President

Title of Officer