

**PROFIT CORPORATON
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 0051826
2. NAME OF CORPORATION KRISSIE PRODUCTS, INC.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 232 Taylor Road
CITY Portsmouth STATE R.I. ZIP CODE 02871
4. BUSINESS PHONE NO. (401) 846-1701
5. STATE OF INCORPORATION Rhode Island
6. SIC CODE 8888

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

PRESIDENT NAME			VICE PRESIDENT NAME		
JOAN C. REED			NONE		
STREET ADDRESS			STREET ADDRESS		
232 Taylor Road			232 Taylor Road		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Portsmouth	R.I.	02871			
SECRETARY NAME			TREASURER NAME		
JOAN C. REED			JOAN C. REED		
STREET ADDRESS			STREET ADDRESS		
232 Taylor Road			232 Taylor Road		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Portsmouth	R.I.	02871	Portsmouth	R.I.	02871

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME			DIRECTOR NAME		
JOAN C. REED			JOHN J. REED		
STREET ADDRESS			STREET ADDRESS		
232 Taylor Road			232 Taylor Road		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Portsmouth	R.I.	02871	Portsmouth,	R.I.	02871
DIRECTOR NAME			DIRECTOR NAME		
CHRISTINE M. REED					
STREET ADDRESS			STREET ADDRESS		
232 Taylor Road					
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Portsmouth	R.I.	02871			

10. SHARES AUTHORIZED AND ISSUED

NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
1,000	Common	N.P.V.	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

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.

File Date:

8/26/96

Check No:

1846

By:

Joan C. Reed

Joan C. Reed
Signature of Officer

JOAN C. REED

Print or Type Name of Officer

President

Title of Officer

8-21-96

Date

For Secretary of State Use Only