

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

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(e), 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(cdrd)) is subject to a penalty fee of \$25.00. subject to a penalty fee of \$25.00.

1. Corporate ID No.	2. Name of Corporation	INDUSTRIE	3 INC		
3. Street Address Principal Business O	_ / _	011	City PROU	State T	2402909
170 SILV	ER LAKE	5. State of Incorporation	1900	10	100/
401 942-	0269	RI			
6. Brief Description of the Character o	f Business Conducted in Rl	mode Island MUFURM!	NIC		
PLASTIC. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) (FILL IN SPACE	S BEFORE USING ATT	ACHMENTS
President Name			Vice President Name		
Louis P MORROCCO			GIME		
Street Address 11 HIGHVIEW DRIVE			Street Address		
CIRANS TON	State	Zip Cong	City	State	Ζip
		-02721	Treasurer Name		. 44
Secretary Name SPATTE PED PARCE 62921			DIANE MURRICO		
Street Address			Street Address 11 HICHULEW DRIVE		
City	State	Zip	CIN C12 ALISTON	State T	Zp CZ921
8. NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR ATT	ACHMENT) FILL IN SPAC	CES BEFORE USING A	TTACHMENTS 1
			Director Name		
Street Address			Street Address		
11 HIGH	VIEW T	N2			景景な
CARA NSTON		07:09	City	State	Zig
Director Name			Director Name		
Different Traine					2 225
Street Address			Street Address		ë DIA
City	State	Zip	City	State	Zie m
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9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of			300	Common	NUNE
instruction sheet.				 	
This report must be executed this report must be executed	on behalf of the corp on behalf of the corp	poration by an authorize oration by the receiver	d representative. If the corpor or trustee.	ation is in the hands of	a receiver or trustee,
					The second Address
			Under penalty of perjury including any accompan	 , I deciare and affirm that ving schedules and statem 	I have examined this report tents, and that all statements
		1	contained herein are true		- 1 - 1 - 1
File Date	ILED_		nons	Mondeca	1 10/9/0
Check No			Signature, Date Cir / S P 1116/2180 CCO Print or Type Name		
			j pop aponym ny sy	ATE USE ONLY	
FOR SECRETARY OF ST	ALE USE ONLI		Title		