

FOR SECRETARY OF STATE USE ONLY

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 PE 2010

subject to a penalty fee of \$2:	····	poration failing or refusing to file its a	nnual report within thirty (30) a	lays after the time prescribed by l	aw (R.I.G.L. 7-1.2-1501(&d)) i	
19934	PLASTIC	2. Name of Corporation PLASTIC PIPE & SUPPLY, INC				
3. Street Address Principal Business Office 100 GLEN ROAD			CRANSTON	State RI	^{Ζφ} 02920	
4. Business Phone No. 5. State of Incorporation (401) 467-9370 RHODE ISLAND						
6. Brief Description of the CF MANUFACTURE, WI	HOLESALE AND RI	ETAIL SALE OF PLASTIC P	PE AND PIPING SUPPI	LIES		
7. NAMES AND ADDR President Name	ESSES OF THE OFF	ICERS: ("X" BOX FOR ATT	ACHMENT) [FILL IN	SPACES BEFORE USING	ATTACHMENTS	
BRIAN J. BOWES			Vice President Name BRIAN J. BOWES			
Street Address 100 GLEN ROAD			Street Address SAME			
CRANSTON	State RI	^{Zip} 02920	City	State	Zip	
Secretary Name BRIAN J. BOWES			Treasurer Name BRIAN J. BOWES			
Street Address SAME				Street Address SAME		
City	State	Zip	City:	State	Zip	
8. NAMES AND ADDR	ESSES OF THE DID.	 ECTOR\$: ("X" BOX FOR AT				
Director Name Street Address			Director Name Street Address	SPACES BEFORE USIN	G AFTACHMENTS	
City						
City	State	Zip	City	State	Zip	
Director Name		·····	Director Name			
Street Address			Street Address			
City	State	Zip	City	·		
0. 67-1		ľ	•	State	Zip	
9. SHARES AUTHORIZ	ED		10. SHARES ISSUED	("X" BOX FOR ATTACH	IMENT) 🗌	
This information:	1 0			CITION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of			Number of Shures	Class/Series	Par Value	
instruction sheet.	6 .	occ section y th	3.000	COMMON	NO PAR	
This report must be exe	cuted on babalf of th					
this report must be exec	uted on behalf of the	e corporation by an authorize corporation by the receiver	d representative. If the co or trustee	orporation is in the hands	of a receiver or trustee,	
		, ., .,	n tradice.			
			Under penalty of pe	rjury, I declare and affirm th	nat I have examined this repo	
1	0		including any accor contained perein an	npanying schedules and stat	ements, and that all statemer	
File Date _ Z _ C	8-2010		S	orde and correct.	4F=	
Check No	7780		Signature Signature	A 1 sowes	4 FEB 2010	
	•		BRIAN J. BO	WES		
By:	MMC	′	Print or Type Name			

PRESIDENT

Title