



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3090

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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(c)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 117410		2. Name of Corporation C & H PLASTICS		
3. Street Address Principal Business Office 96-98 GREENVILLE AVENUE		City JOHNSTON	State RI	Zip 02919
4. Business Phone No. (401) 232-1500		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURE PLASTIC PRODUCTS				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name CRAIG BARONE		Vice President Name		
Street Address 96-98 GREENVILLE AVENUE		Street Address		
City JOHNSTON	State RI	Zip 02919	City	State Zip
Secretary Name CRAIG BARONE		Treasurer Name		
Street Address 96-98 GREENVILLE AVENUE		Street Address		
City JOHNSTON	State RI	Zip 02919	City	State Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name CRAIG BARONE		Director Name		
Street Address 96-98 GREENVILLE AVENUE		Street Address		
City JOHNSTON	State RI	Zip 02919	City	State Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State Zip
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION 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 instruction sheet.		Number of Shares 1,000	Class/series COMMON	Par Value 0

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date FEB 15 2011

Check No. _____

By: BY [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I do hereby affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] _____
Signature Date

CRAIG BARONE
Print or Type Name

PRESIDENT
Title