



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  
401.222.3040

# 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. 102613		2. Name of Corporation Premier Plastic Products INC.			
3. Street Address Principal Business Office 123 Johnson Rd		City Foster	State RI	Zip 02825	
4. Business Phone No. 401 392-3119		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Denise Melucci		Vice President Name Albert Carmone			
Street Address 123 Johnson Rd		Street Address 40 Merino Ave			
City Foster	State RI	Zip 02825	City Johnston	State RI	Zip 02825
Secretary Name Louis E. Manocchia		Treasurer Name Denise Melucci			
Street Address 10 Sherman Ave		Street Address 123 Johnson Rd			
City No. Prov.	State RI	Zip 02911	City Foster	State RI	Zip 02825
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Denise Melucci		Director Name Louis E. Manocchia			
Street Address 123 Johnson Rd		Street Address 10 Sherman Ave			
City Foster	State RI	Zip 02825	City No. Prov.	State RI	Zip 02911
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"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 8,000	Class/Series Common	Par Value no par value

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  
MAR 02 2011  
Check No.  
1986  
By: **BY**

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  
Denise Melucci  
Date  
2/19/2011  
Print or Type Name  
Owner  
Title