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. 113316	2. Name of Corporation Packaging & Shipping Solutions Inc.		
3. Street Address Principal Business Office 70 FRENCHTOWN ROAD	City N. KINGSTOWN	State RI	Zip 02852
4. Business Phone No. 401-885-6245	5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island			

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
VERNON S LAWRENCE			PATRICIA-ANN M. LAWRENCE		
Street Address 44 NELSON DRIVE			Street Address 44 NELSON DRIVE		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
Secretary Name PATRICIA-Ann M. LAWRENCE			Treasurer Name VERNON S. LAWRENCE		
Street Address 44 NELSON DRIVE			Street Address 44 NELSON DRIVE		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
VERNON S. LAWRENCE			PATRICIA-ANN M. LAWRENCE		
Street Address 44 NELSON DRIVE			Street Address 44 NELSON DRIVE		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE

9. SHARES AUTHORIZED
1,000 COMM NO PAR VALUE

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
500	COMMON	NO PAR

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 21 2011
Check No. By MNC
By: 1838
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.

Vernon S Lawrence — 3/1/11
Signature — *Date*

VERNON S. LAWRENCE
Print or Type Name

PRESIDENT
Title

60442-13-609608

Form 630 Rev. 08/08