



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 12409		2. Exact name of the Corporation B & L PLASTICS, INC.			
3. Principal office address 535 PROSPECT STREET		City PAWTUCKET	State RI	Zip 02860	
4. Business Phone No. 401 723-3000		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island OWNING, LEASING, OPERATING AND DEALING IN PLASTIC MOLDING EQUIPMENT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name THOMAS C. BOYD		Vice-President Name N/A			
Street Address 535 PROSPECT STREET		Street Address			
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
Secretary Name THOMAS C. BOYD		Treasurer Name THOMAS C. BOYD			
Street Address 535 PROSPECT STREET		Street Address 535 PROSPECT STREET			
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name THOMAS C. BOYD		Director Name			
Street Address 535 PROSPECT STREET		Street Address			
City PAWTUCKET	State RI	Zip 02860	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"/>		
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	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.

File Date _____

Check No _____

By: _____

FILED

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FOR SECRETARY OF STATE USE ONLY

BY 0191924

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 of Authorized Representative

Date

THOMAS C. BOYD, PRESIDENT

Print or Type Name of Authorized Representative