



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. 000005650		2. Exact name of the Corporation Converting Equipment & Supply Co.	
3. Principal office address 125 Adams Pt. Rd.		City Barrington	State RI
4. Business Phone No. 401-374-1869		5. State of Incorporation R.I.	
6. Brief description of the character of business conducted in Rhode Island consulting business			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Donald Carl Dreier		Vice-President Name Janet F. Dreier Mrs.	
Street Address 125 Adams Pt. Road		Street Address 125 Adams Pt. Road	
City Barrington	State RI	Zip 02806	City Barrington
Secretary Name		Treasurer Name Donald Carl Dreier Mr.	
Street Address		Street Address 125 Adams Pt. Road	
City	State	Zip	City Barrington
		State R.I.	
		Zip 02806	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Janet F. Dreier Mrs.		Director Name Donald Carl Dreier Mr.	
Street Address 125 Adams Pt. Road		Street Address 125 Adams Pt. Road	
City Barrington	State RI	Zip 02806	City Barrington
Director Name Karin R. Dreier		Director Name	
Street Address 6 Willow Way		Street Address	
City Barrington	State RI	Zip 02806	City
		State	
		Zip	
9. SHARES AUTHORIZED			
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) <input type="checkbox"/>			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
100	STK	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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.

MAR 22 2013

Donald Carl Dreier 3/20/13
Signature of Authorized Representative Date

BY 1109 Donald Carl Dreier 3/20/13
Print or Type Name of Authorized Representative