



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 **2014**

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. 570176		2. Exact name of the Corporation The Co-Operating Recycling and Return Group, Inc.			
3. Principal office address 11 Bishop Lane			City Holbrook	State NY	Zip 11741
4. Business Phone No. 401-671-6543			5. State of Incorporation New York		
6. Brief description of the character of business conducted in Rhode Island Operation of an administration office for a recycling business conducted elsewhere					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Peter Jackson			Vice-President Name Alan Micelli		
Street Address 34 East Mill Street			Street Address 11 Bishop Lane		
City Woonsocket	State RI	Zip 02895	City Holbrook	State NY	Zip 11741
Secretary Name Greg Bowen			Treasurer Name Peter Jackson		
Street Address 2427 Highway 140NW			Street Address 34 East Mill Street		
City Adaisville	State GA	Zip 30103	City Woonsocket	State RI	Zip 02895
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Peter Jackson			Director Name Alan Micelli		
Street Address 34 East Mill Street			Street Address 11 Bishop Lane		
City Woonsocket	State RI	Zip 02895	City Holbrook	State NY	Zip 11741
Director Name Greg Bowen			Director Name		
Street Address 2427 Highway 140 NW			Street Address		
City Adaisville	State GA	Zip 30103	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
			100	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

JAN 15 2014
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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.

File Date _____

Check No _____

By: _____

Signature of Authorized Representative

Date

Peter Jackson

Print or Type Name of Authorized Representative