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.	2. Exact name of the Corporation		
56104	New London Tape Distributors, Inc.		
3. Principal office address	City	State	Zip
c/o 35 Cedar Brook Lane	East Lyme	CT	06333
4. Business Phone No.	5. State of Incorporation		
860-287-3856	Connecticut		
6. Brief description of the character of business conducted in Rhode Island			
Distributor of pressure sensitive tapes, toilet tissue, towels, paper goods & packing supply			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Jeffrey P. Elkin			Ronald H. Elkin		
Street Address			Street Address		
35 Cedar Brook Lane			8 Doyle Road		
City	State	Zip	City	State	Zip
East Lyme	CT	06333	Waterford	CT	06385
Secretary Name			Treasurer Name		
Judith P. Elkin			Ronald H. Elkin		
Street Address			Street Address		
c/o 35 Cedar Brook Lane			8 Doyle Road		
City	State	Zip	City	State	Zip
East Lyme	CT	06333	Waterford	CT	06385

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Jeffrey P. Elkin			Ronald H. Elkin		
Street Address			Street Address		
35 Cedar Brook Lane			8 Doyle Road		
City	State	Zip	City	State	Zip
East Lyme	CT	06333	Waterford	CT	06385
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	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.	100	Common	None

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
JUN 30 2014
BY 5148

File Date _____
Check No _____
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 of Authorized Representative — Date: 6/24/14

Jeffrey P. Elkin, President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012