RI SOS Filing Number: 201553730770 Date: 01/14/2015 4:00 PM

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 2015

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		
17642	Hope Paper Box Company		
3. Principal office address: 575 Lonsdale Avenue	City: Central Falls	State: R.I.	Zip: 02863
4. Business Phone No.: 401-725-3646	5. State of Incorporation: Rhode Island		
6. Brief description of the character of business conducted in Rhode Island: MFG. of Set-up Boxes			

2015 JAN 14 PM 12:07 SECRETARY OF STATE CORPORATIONS DIV

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

President Name: Douglas J. Yates			Vice-President Name: Gregory A. Yates		
Street Address: 1625 S.E. Sheaprd Lane			Street Address: 120 Kimberly Lane		
City: Port Saint Lucie	State: Florida	Zip: 34983	City: Cranston	State: R.I.	Zip: 02921
Secretary Name: Douglas J. Yates			Treasurer Name: Douglas J. Yates		
Street Address: 1625 S.E. Shepard Lane			Street Address: 1625 S.E. Sheaprd Lane		
City: Port Saint Lucie	State: Florida	Zip: 34983	City: Port Saint Lucie	State: Florida	Zip: 34983

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

Director Name: Douglas J. Yates			Director Name: Gregory A. Yates		
Street Address: 1625 S.E. Shepard Lane			Street Address: 120 Kimberly Lane		
City: Port Saint Lucie	State: Florida	Zip: 34983	City: Cranston	State: R.I.	Zip: 02921
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
55	CNP	$0.00

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 12:07 pm FILED JAN 14 2015

Check No

By:

FOR SECRETARY OF STATE USE ONLY By 240256 KM

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: JAN 1, 2015

Douglas J. Yates
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
115693-1-982316