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**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 |
|---|---|
| **141654** | **POLYPLEX SYSTEMS, INC.** |

| 3. Principal office address | City | State | Zip |
|---|---|---|---|
| **101 Higginson Ave., Bldg #99** | **Lincoln** | **RI** | **02865** |

| 4. Business Phone No. | 5. State of Incorporation |
|---|---|
| **(401) 725-5121** | **RHODE ISLAND** |

6. Brief description of the character of business conducted in Rhode Island
**To carry on, conduct & engage in the industry of plastics, plastic compositions of all kinds & other related materials.**

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

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| **PAUL TRIANGOLO** | **266 Stillwater Road** | **Smithfield** | **RI** | **02917** |

| Vice-President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| **ALFRED P. TRIANGOLO** | **93 Coolridge Avenue** | **Greenville** | **RI** | **02828** |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| **ALFRED P. TRIANGOLO** | **93 Coolridge Avenue** | **Greenville** | **RI** | **02828** |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| **PAUL TRIANGOLO** | **266 Stillwater Road** | **Smithfield** | **RI** | **02917** |

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

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| **NONE** | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| **NONE** | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| **NONE** | | | | |

| Director Name | Street Address | 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 |
|---|---|---|
| 1,000 | 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:** _____
**FOR SECRETARY OF STATE USE ONLY**

FILED
NOV 09 2015
By 2601686

**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 11/5/15

**Alfred P. Triangolo**
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
127566-1-1058637