

## 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

## 2016 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

2. Exact name of the Corporation

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

24138	DREW	DREW PALLET CO., INC.					
3. Principal office address P.O. Box 7267/40 Pevear Avenue			City Warwick		State RI	Zip 02887-0000	
4. Business Phone No. (401) 738-9630			5. State of Incorporation RI				
6. Brief description of the cha manufacturing of pa		conducted in Rhode Island	1				
7. LIST ALL OFFICERS (NA	AMES AND ADDR	ESSES) ("X" BOX FOR AT	TACHMENT)				
President Name Gregg A. Drew			Vice-President Name  David R. Duquette				
Street Address 86 Pamela Court			Street Address 86 Pamela Court				
City Saunderstown	State RI	Zip <b>02874-</b>	City Saunderstown State RI			Zip <b>02874</b> -	
Secretary Name Gregg A. Drew			Treasurer Name Gregg A. Drew				
Street Address 86 Pamela Court			Street Address 86 Pamela Court				
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b> -	City Saunderstown State RI			Zip <b>02874-</b>	
8. LIST ALL DIRECTORS (I	NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)				
Director Name			Director Name				
Gregg A. Drew			none				
Street Address			Street Address				
86 Pamela Court			none				
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b> -	City State none none		State none	Zip <b>none</b>	
Director Name			Director Name				
none			none				
Street Address none			Street Address				
	lo.		City State Zip			Zin	
City none	State none	Zip <b>none</b>	City none		none	none	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			IMENT)	
3. SHARES AUTHORIZED			NUMBER OF SHARES	CLASS/SE		PAR VALUE	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.			100	Common		No Par	
See Section 9 of instruction		<u> </u>					
This report must be execute	ed on behalf of the of this report mus	corporation by an authorize st be executed on behalf of <b>FILED</b>	the corporation by the r	receiver or tr	ustee.	of a receiver or trustee, m that I have examined	
File Date		i illu		ng any acc	ompanying so	chedules and statements,	
Check No	<u> </u>	JAN 04 2016	Beard	1 12		1/04/2016	
By:		25111	Signature of Apthor	ized Repres	entative		
FOR SECRETARY OF STA	TE USE MY_	<u> </u>	Gregg A. Drew				
Form No. 630			Print or Type Name  President	of Authorize	ed Representa	ntive	

Revised: 01/2012