



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 2016

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. 102613		2. Exact name of the Corporation Premier Plastic Products Inc.	
3. Principal office address 123 Johnson Rd		City Foster	State RI
		Zip 02825	
4. Business Phone No. 401 339-2323		5. State of Incorporation RI	
6. Brief description of the character of business conducted in Rhode Island Retail + wholesale of a building product			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name Denise Melucci		Vice-President Name Albert Carmone Jr	
Street Address 123 Johnson rd		Street Address 40 Merino Ave	
City Foster	State RI	City Johnston	State RI
Zip 02825		Zip 02919	
Secretary Name Louis Manocchia		Treasurer Name Denise Melucci	
Street Address 123 Johnson Rd		Street Address "	
City Foster	State RI	City	State
Zip 02825		Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
Director Name Denise Melucci		Director Name Albert Carmone	
Street Address "		Street Address "	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" 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
		8,000	
			PAR VALUE
		0	

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

FEB 12 2016
AK 3938

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

Denise Melucci
Print or Type Name of Authorized Representative

File Date

Check No

By

FOR SECRETARY OF STATE USE ONLY