



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

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

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