



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. 70579		2. Exact name of the Corporation All Star Adhesive Products, Inc.			
3. Principal office address c/o Gaschen Law Offices, 180 Little Pond Cty. Rd.		City Cumberland		State RI	Zip 02864
4. Business Phone No. 401-230-8171		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island DESIGN AND SALE OF ADHESIVE PRODUCTS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name JOHN J. MURPHY			Vice-President Name ANN MURPHY		
Street Address 30 CUTLER STREET UNIT 108			Street Address 30 CUTLER STREET UNIT 108		
City WARREN	State RI	Zip 02885-2750	City WARREN	State RI	Zip 02885-2750
Secretary Name ANN MURPHY			Treasurer Name ANN MURPHY		
Street Address 30 CUTLER STREET UNIT 108			Street Address 30 CUTLER STREET UNIT 108		
City WARREN	State RI	Zip 02885-2750	City WARREN	State RI	Zip 02885-2750
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input 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	PAR VALUE
			50	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

Form No. 630
Revised: 01/2012

FILED

FEB 16 2016

By KL 2342

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.

John J. Murphy 1-21-16
Signature of Authorized Representative Date

JOHN J. MURPHY

Print or Type Name of Authorized Representative

2016 ANNUAL REPORT OF
ALL STAR ADHESIVE PRODUCTS, INC.
(continuation page)

ENTITY ID NO. 70579

Vice-President	Michael Conor Murphy
Address:	30 Cutler Street, Unit 108
	Warren, RI 02885-2750