



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. 20434		2. Exact name of the Corporation RICH PAPER BOX, INC.			
3. Principal office address 1284 PLAINFIELD STREET			City JOHNSTON	State RI	Zip 02919
4. Business Phone No. 401-942-0981			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island Maintaining, conducting and managing the business of manufacturing, producing and dealing in metal & paper boxes & displays					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ALFRED A. RICCIO			Vice-President Name RONALD A. RICCIO		
Street Address 1284 PLAINFIELD STREET			Street Address 1284 PLAINFIELD STREET		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name DEBORAH BOOTH			Treasurer Name ALFRED A. RICCIO		
Street Address 1284 PLAINFIELD STREET			Street Address 1284 PLAINFIELD STREET		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ALFRED A. RICCIO			Director Name RONALD A. RICCIO		
Street Address 1284 PLAINFIELD STREET			Street Address 1284 PLAINFIELD STREET		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
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
			89,580	COMMON	\$1.00

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.

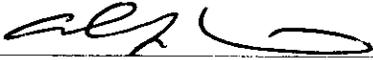
File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

 3/18/16
 Signature of Authorized Representative Date

ALFRED A. RICCIO
 Print or Type Name of Authorized Representative

MAR 21 2016
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