



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. 000566848		2. Exact name of the Corporation Thrift Recycling Management, Inc.			
3. Principal office address 3610 Commerce Drive, Suite 808		City Halethorpe	State MD	Zip 21227	
4. Business Phone No. 419-578-6090		5. State of Incorporation Washington			
6. Brief description of the character of business conducted in Rhode Island collect and sort used book donations					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Gary Broache			Vice-President Name Julian Van Erlach		
Street Address 3610 Commerce Drive, Suite 808			Street Address 3610 Commerce Drive, Suite 808		
City Halethorpe	State MD	Zip 21227	City Halethorpe	State MD	Zip 21227
Secretary Name David Reymann			Treasurer Name Tyler Hincy (Vice President)		
Street Address 3610 Commerce Drive, Suite 808			Street Address 3610 Commerce Drive, Suite 808		
City Halethorpe	State MD	Zip 21227	City Halethorpe	State MD	Zip 21227
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Gary Broache			Director Name Clair Jenkins		
Street Address 3610 Commerce Drive, Suite 808			Street Address 1 South Street, #800		
City Halethorpe	State MD	Zip 21227	City Baltimore	State MD	Zip 21202
Director Name Timothy Krongard			Director Name Michael Ward		
Street Address 1 South Street, #800			Street Address 1 South Street, #800		
City Baltimore	State MD	Zip 21202	City Baltimore	State MD	Zip 21202
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			184,278,069	PNP	\$0
			13,953,097	CNP	\$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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

By

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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

03/11/2016

Date

David Reymann

Print or Type Name of Authorized Representative