



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. 65012		2. Exact name of the Corporation 3P, Inc.			
3. Principal office address 3 Ice Pond Road		City Westerly		State RI	Zip 02891
4. Business Phone No. 401-596-4520		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Manufacturing, selling and consulting regarding graphic art equipment and supplies.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name H. Martin Kreckel		Vice-President Name Sarah C. Kreckel			
Street Address 3 Ice Pond Road		Street Address 3 Ice Pond Road			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name H. Martin Kreckel		Treasurer Name H. Martin Kreckel			
Street Address 3 Ice Pond Road		Street Address 3 Ice Pond Road			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name H. Martin Kreckel		Director Name			
Street Address 3 Ice Pond Road		Street Address			
City Westerly	State RI	Zip 02891	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	
		100		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

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.

H. Martin Kreckel 02/02/2016
Signature of Authorized Representative Date

H. Martin Kreckel, President

Print or Type Name of Authorized Representative

FILED

MAR 28 2016

By 270952
KM