



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

FILED

MAR 28 2016

H. Martin Kreckel, President
 Print or Type Name of Authorized Representative

By 270952
 KM