



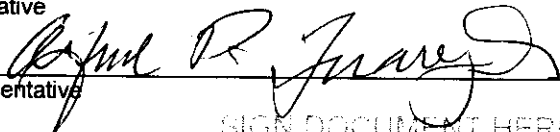
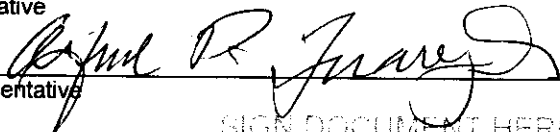
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 AUG 31 AM 9 25

1. Entity ID Number 141654		2. Exact name of the Corporation POLYPLEX SYSTEMS, INC.			
3. Principal Office Address 101 Higginson Avenue, Bldg #99		City Lincoln	State RI	Zip 02865	
4. Business Phone Number (401) 725-5121		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island To carry on, conduct & engage in the industry of plastics, plastic compositions of all kinds & other related materials					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PAUL TRIANGOLO			Vice-President Name ALFRED P. TRIANGOLO		
Street Address 266 Stillwater Road			Street Address 93 Coolridge Avenue		
City Smithfield	State RI	Zip 02917	City Greenville	State RI	Zip 02828
Secretary Name ALFRED P. TRIANGOLO			Treasurer Name PAUL TRIANGOLO		
Street Address 93 Coolridge Avenue			Street Address 266 Stillwater Road		
City Greenville	State RI	Zip 02828	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 1,000	CLASS/SERIES COMMON	PAR VALUE NO PAR	
11. 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. 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.					
Name of Authorized Representative ALFRED P. TRIANGOLO 					Date
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

AUG 31 2016

By AL 282510

FORM 630 - Revised: 05/2016