



State of Rhode Island and Providence Plantations

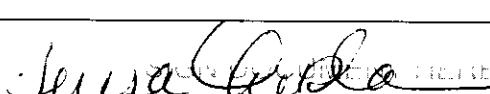
Department of State - Business Services Division

Annual Report for the year: 2016 - Amended 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
R.I. DEPT. OF STATE
BUS SVCS DIV

2016 NOV 23 AM 11:05

1. Entity ID Number 101230		2. Exact name of the Corporation Environmental Packaging International Ltd.			
3. Principal Office Address 41 Narragansett Avenue		City Jamestown		State RI	Zip 02835
4. Business Phone Number: 401-423-2225		6. Brief description of the character of business conducted in Rhode Island To provide consultation services to shippers of goods			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Victor A. Bell			Vice-President Name		
Street Address 41 Narragansett Avenue			Street Address		
City Jamestown	State RI	Zip 02835	City	State	Zip
Secretary Name Lynn Bell			Treasurer Name Lynn Bell		
Street Address 41 Narragansett Avenue			Street Address 41 Narragansett Avenue		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		Common		No Par Value	
Changes require an additional filing.					
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 Teresa Leblanc				Date 11/21/16	
Signature of Authorized Representative 					

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

11:05 NOV 23 2016

BY 

FORM 630 - Revised: 08/2016



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

