



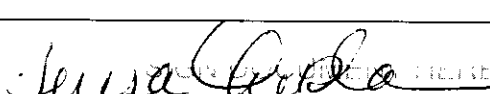
State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**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.

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BUS SVCS DIV

2016 NOV 23 AM 11:05

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