



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

Annual Report for the year: 2017
Corporation

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

1. Entity ID Number 1036325		2. Exact name of the Corporation A+ PACK & SHIP, INC.	
3. Principal Office Address 95 FRENCHTOWN ROAD		City E. GREENWICH	State RI
		Zip 02818	
4. NAICS Code 51	6. Brief description of the character of business conducted in Rhode Island PACKAGING & SHIPPING RETAIL STORE		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name VERNON S. LAWRENCE		Vice-President Name PATRICIA-ANN M. LAWRENCE	
Street Address 95 FRENCHTOWN ROAD		Street Address 95 FRENCHTOWN ROAD	
City E. GREENWICH	State RI	City E. GREENWICH	State RI
Zip 02818		Zip 02818	
Secretary Name PATRICIA-ANN M. LAWRENCE		Treasurer Name VERNON S. LAWRENCE	
Street Address 95 FRENCHTOWN RD		Street Address 95 FRENCHTOWN ROAD	
City E. GREENWICH	State RI	City E. GREENWICH	State RI
Zip 02818		Zip 02818	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name VERNON S. LAWRENCE		Director Name PATRICIA-ANN M. LAWRENCE	
Street Address 95 FRENCHTOWN ROAD		Street Address 95 FRENCHTOWN ROAD	
City E. GREENWICH	State RI	City E. GREENWICH	State RI
Zip 02818		Zip 02818	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		1000	CNP
			\$0.0100
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 VERNON S. LAWRENCE		Date 1/1/2017	
Signature of Authorized Representative <i>Vernon S. Lawrence</i>		FILED	
		JAN 06 2017	

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

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