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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED
JAN 2 3 2017 02/

Annual Report for the year: Corporation

2017

→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

BY 4816

→ Penalty: Additional \$25.0	BY 400						
1. Entity ID Number	Exact na	2. Exact name of the Corporation					
153805	1	CARDINAL CONTAINER, INC.					
Principal Office Address			City				
1664 Broncos Highway			Harrisvi		State RI	Zip 02830	
4. NAICS Code	Brief des	cription of the chara	acter of business con	ducted in Rhode	Island		
81 - Other Services (except P	ul Disposal s	services rendered	and commercial tru	cking oguinme.	44		
5. State of Incorporation Rhode Island		l and lawful busin	ess.	oving edubiliei	it leasing and	any and all	
7. List ALL officers (names and a	ddresses)			Ch1			
President Name Marc A. Cardina	Vice-President Name Check the box to indicate an attachment						
Street Address				Linda M. C	ardinal		
1664 Broncos Highway			Street Address	1664 Bron	1664 Broncos Highway		
Harrisville ecretary Name	State RI	^{Zip} 02830	City Harrisville		State RI	Zip 02830	
Linda M. Cardinal			Treasurer Name	er Name Marc A. Cardinal			
1664 Broncos I	· · · · · · · · · · · · · · · · · · ·		Street Address	Address 1664 Broncos Highway			
narrisville 	State RI	Zip 02830	City Harrisville		State RI	Zip 02830	
List ALL directors (names and a rector Name				Check	the box to indic	ate an attachment	
Marc A. Cardin			Director Name	Linda M. C		are an accomment	
1664 Broncos Highway			Street Address 1664 Broncos Highway				
Harrisville ector Name	State RI	Zip 02830	City Harrisville		State RI	Zip 02830	
ector ivame			Director Name				
eet Address							
			Street Address				
<i></i>	State	Zip	City		State	Zip	
Shares Authorized		10. Shares Issu			<u> </u>		
s information is currently of recor	d in the	NUMBER OF	ed SHARES	Check th	ne box to indica	te an attachment L	
partment of State. anges require an additional filing.		100		CLASS/SERIES Common	No Par Value		
This report must be executed or	hehalf of the o	0 m = 1 = 1					
This report must be executed or tee, this report must be execute der penalty of periury. I declar	d on behalf of the	orporation by an au <u>ne corporation</u> by th	thorized representati e receiver or trustee	ve. If the corpora	ation is in the ha	inds of a receiver o	
				ng any accomp	anving schedu	ulae and	
ements, and that all statement ne of Authorized Representative	is contained n	erein are true and	correct.			nes and	
larc A. Cardinal					Date / — (a	-2017	
ature of Authorized Representa	tiye	Participation of the second	98 8 11 8 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1			701(
Man O Corale TO:	w	ORDIVIDADA	MENT HERE				
10.							

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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