



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 3505		2. Exact name of the Corporation Capco Plastics, Inc.			
3. Principal Office Address 297 Dexter Street			City Providence	State RI	Zip 02907
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island To run a general packaging business			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name richard Capuano			Vice-President Name Richard Capuano		
Street Address 297 Dexter Street			Street Address 297 Dexter Street		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Richard Capuano			Treasurer Name Richard Capuano		
Street Address 297 Dexter Street			Street Address 297 Dexter Street		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Richard Capuano			Director Name		
Street Address 297 Dexter Street			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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 ☐		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100 common 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 <i>Richard Capuano</i>					Date <i>January 23, 2017</i>
Signature of Authorized Representative <i>Richard Capuano</i>					FILED FEB 28 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

BY *4363*

FORM 630 - Revised: 10/2016