



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 <b>52718</b>		2. Exact name of the Corporation <b>FRI Resins Holding Company</b>			
3. Principal Office Address <b>21 Starline Way</b>		City <b>Cranston</b>		State <b>RI</b>	Zip <b>02921</b>
4. NAICS Code <b>31-33 - Manufacturing</b>		6. Brief description of the character of business conducted in Rhode Island <b>Realty holding company</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>Michael A. Harrington</b>			Vice-President Name <b>Paul C. Harrington</b>		
Street Address <b>21 Starline Way</b>			Street Address <b>21 Starline Way</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
Secretary Name <b>Paul C. Harrington</b>			Treasurer Name <b>Michael A. Harrington</b>		
Street Address <b>21 Starline Way</b>			Street Address <b>21 Starline Way</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</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 <b>Michael A. Harrington</b>			Director Name <b>Paul C. Harrington</b>		
Street Address <b>21 Starline Way</b>			Street Address <b>21 Starline Way</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
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>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		CLASS/SERIES			
NUMBER OF SHARES		PAR VALUE			
<b>6720</b>		<b>common</b>		<b>no par</b>	
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. <i>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.</i>					
Name of Authorized Representative <b>Michael Harrington</b>					Date <b>1/23/2017</b>
Signature of Authorized Representative <i>Michael Harrington</i>					<b>FILED</b> <b>FEB 28 2017</b>

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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FORM 630 - Revised: 10/2016