

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2017 Corporation

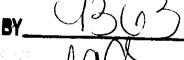
- → Filing period: January 1 March 1
- → Filing Fee: \$50.00

→ Penalty: Additional \$25.			\ <del>-</del>		_		
1. Entity ID Number <b>52718</b>	2. Exact name of the Corporation FRI Resins Holding Company						
Principal Office Address     Starline Way			City Cranston		State RI	Žip <b>02921</b>	
4. NAICS Code 31-33 - Manufacturing 5. State of Incorporation	6. Brief description of the character of business conducted in Rhode Island  Realty holding company						
RI							
7. List ALL officers (names and President Name Michael A. Har	Vice-President Name Paul C. Harrington						
Street Address 21 Starline Way			Street Address 21 Starline Way				
City Cranston	State RI	Zip 02921	City Cransto	on	State RI	<sup>Zip</sup> 02921	
Secretary Name Paul C. Harrington			Treasurer Name Michael A. Harrington				
Street Address 21 Starline Way			Street Address 21 Starline Way				
City Cranston	State RI	<sup>Zip</sup> 02921	City Cranston		State RI	<sup>Zip</sup> 02921	
8. List ALL directors (names ar	nd addresses)		<del>-</del>	Check	the box to i	ndicate an attachment	
Director Name Michael A. Harr	ington		Director Name	Paul C. Harrington			
Street Address 21 Staqrline Way			Street Address 21 Startine Way				
City Cranston	State RI	<sup>Zip</sup> 02921	City Cransto	n	State RI	<sup>Zip</sup> 02921	
Director Name	<u>' </u>		Director Name	?		•	
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized			10. Shares Issued		Check the box to indicate an attachment CLASS/SERIES PAR VALUE		
This information is currently of record in the Department of State.  Changes require an additional filing.		6720		common		no par	
				<u>                                     </u>			
11. This report must be execute trustee, this report must be exe	ecuted on behalf of	the corporation by	the receiver or tr	rustee.			
Under penalty of perjury, I de statements, and that all state	eclare and affirm te ements contained	hat I have examir herein are true ai	ned this report, i nd correct.	ncluding any accon	npanying s	chedules and	
Name of Authorized Represent					Date <sub>/</sub>		
Michael HAVE	*. <sup>1</sup>	FILED	1/2	3/2017			
Signature of Authorized Repres	sentative	Siew Do	JUMENTHE	REFFR 2 8 2017	ı		
MAIL TO:		<del>2 / 1</del>					

Division of Business Services

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