



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

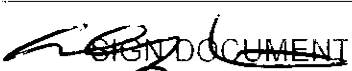
Annual Report for the year: **2017**

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 20434		2. Exact name of the Corporation Rich Paper Box, Inc.			
3. Principal Office Address 1284 Plainfield Street		City Johnston		State RI	Zip 02919
4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island Maintaining, conducting and managing the business of manufacturing, producing and dealing in metal & paper boxes & displays				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Alfred A. Riccio			Vice-President Name Ronald A. Riccio		
Street Address 1284 Plainfield Street			Street Address 1284 Plainfield Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Deborah Booth			Treasurer Name Alfred A. Riccio		
Street Address 1284 Plainfield Street			Street Address 1284 Plainfield Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Alfred A. Riccio			Director Name Ronald . Riccio		
Street Address 1284 Plainfield Street			Street Address 1284 Plainfield Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 89,580	CLASS/SERIES Common	PAR VALUE \$1.00
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 Alfred A. Riccio				Date 3/16/17	
Signature of Authorized Representative 				FILED MAR 21 2017 BY 298809 AA	
SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016