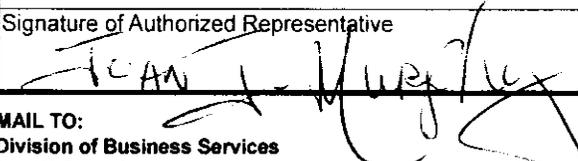




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 70579		2. Exact name of the Corporation All Star Adhesive Products, Inc.			
3. Principal Office Address c/o Gaschen Law Offices, 180 Little Pond County Road			City Cumberland	State RI	Zip 02864
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island DESIGN AND SALE OF ADHESIVE PRODUCTS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN J. MURPHY			Vice-President Name ANN MURPHY		
Street Address 30 CUTLER STREET, UNIT 108			Street Address 30 CUTLER STREET, UNIT 108		
City WARREN	State RI	Zip 02885-2750	City WARREN	State RI	Zip 02885-2750
Secretary Name ANN MURPHY			Treasurer Name ANN MURPHY		
Street Address 30 CUTLER STREET, UNIT 108			Street Address 30 CUTLER STREET, UNIT 108		
City WARREN	State RI	Zip 02885-2750	City WARREN	State RI	Zip 02885-2750
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 JOHN J. MURPHY					Date 3-23-17
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 MAR 31 2017
 BY 2099 OS