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

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2017 APR 17 PM 12:35

Annual Report for the year: 2014
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	2. Exact name of the Corporation			
000519236	Oliver Packaging and Equipment Company			
3. Principal Office Address		City	State	Zip
445 Sixth Street, NW		Grand Rapids	MI	49504
4. Business Phone Number:	6. Brief description of the character of business conducted in Rhode Island			
616-456-7711	Manufacture, sell, distribute food packaging systems			
5. State of Incorporation				
Delaware				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Kenneth B. Goodwin			Vice-President Name: Jeff Murak		
Street Address: 445 Sixth Street, NW			Street Address: 445 Sixth Street, NW		
City: Grand Rapids	State: MI	Zip: 49504	City: Grand Rapids	State: MI	Zip: 49504
Secretary Name: Mary A. LaRue			Treasurer Name: Theodore P. Heininger		
Street Address: 1500 Market Street			Street Address: 445 Sixth Street, NW		
City: Philadelphia	State: PA	Zip: 19102	City: Grand Rapids	State: MI	Zip: 49504

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Michael B. McLelland			Director Name: Gerald E. Bennish, Jr.		
Street Address: 1500 Market Street			Street Address: 445 Sixth Street, NW		
City: Philadelphia	State: PA	Zip: 19102	City: Grand Rapids	State: MI	Zip: 49504
Director Name: Raymond J. Baran			Director Name:		
Street Address: 1500 Market Street			Street Address:		
City: Philadelphia	State: PA	Zip: 19102	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	CWP	$.01

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	Date
Mary LaRue	11/30/16

Signature of Authorized Representative: Mary LaRue SIGN DOCUMENT HERE

FILED
APR 17 2017 12:39
BY 301095

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: 08/2016