



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

Annual Report for the year: 2018
Corporation

- Filing period: January 1, - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

1. Entity ID Number 68550		2. Exact name of the Corporation LJM PACKAGING CO., INC.												
3. Principal Office Address 28 Mason Street			City North Kingstown	State RI	Zip 02852									
4. NAICS Code 31-33-Manufacturing		6. Brief description of the character of business conducted in Rhode Island manufacturing, buy, sell, deal in receptacles, packages, contained packaging devices												
5. State of Incorporation RI		339999												
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>									
President Name John A. Pezza			Vice-President Name same											
Street Address 28 Mason Street			Street Address											
City North Kingstown	State RI	Zip 02852	City	State	Zip									
Secretary Name same			Treasurer Name same											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>									
Director Name John A. Pezza			Director Name											
Street Address 28 Mason Street			Street Address											
City North Kingstown	State RI	Zip 02852	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued												
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>												
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>none</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	none					
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none														
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 A. Pezza					Date 1-16-18									
Signature of Authorized Representative 					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

FILED

JAN 18 2018

BY **357205**