



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 ☐					
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 ☐					
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 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	
		none			
10. Shares Issued Check the box to indicate an attachment ☐					
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**

FORM 630 - Revised: 10/2017