RI SOS Filing Number: 201856629230 Date: 1/22018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the ye	ear:	2018				
Corporation  → Filing period: January 1 - N	March 1		•			
→ Filing Fee: \$50.00	viaicii i					
→ Penalty: Additional \$25.00 f	ee if form is not f	iled by April 1.				
1. Entity ID Number		of the Corporation				
000042802	200y	S CONTAIN	ver Co.	. Inc.		
Principal Office Address			City		State	Zip
42 Legian Mes	nonial !	)n .	Vavis	oence_	12X	02909
4. NAICS Code 238990	6. Brief descript	ion of the characte	r of business con	nducted in Rhode Isla	nd	
5. State of Incorporation  R. T.	Ca,	rpentry				
7. List ALL officers (names and addresses)			Check the box to indicate an attachment			
President Name John Lynch			Vice-President Name			
Street Address 42 Claim Memorial D1.  City State Zip 22908			Street Address			
City)	ISLAND TO THE	· Zin	City	T	State	Zıp
bravio ence	State	Zip 02909	City		State	210
Secretary Name	•	•	Treasurer Name			
Street Address			Street Address			
City State Zip			City State Zip			
City	State	Σip	City	-	Siale	Zip
8. List ALL directors (names and a	iddresses)		16:	Check the	box to indica	te an attachment 🔲
Director Name John Lynch			Director Name			
Street Address 42 Ceción Memorial Dr.			Street Address			
City / Lovis ence	State	Zip 02909	City		State	Zip
Director Name			Director Name			
Street Address			Street Address			
[a						
City	State	Zip	City		State	Zip
9. Shares Authorized	1	10. Shares Issue			box to indica	te an attachment 🔲
This information is currently of record in the Department of State.  Changes require an additional filling.				CLASS/SERIES		PAR VALUE
		100		CNP		8
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<ol> <li>This report must be executed of trustee, this report must be executed</li> </ol>		•	•	-	ion is in the na	ands of a receiver of
Under penalty of perjury, I decla	are and affirm tha	it I have examined	d this report, inc		anying sched	ules and
statements, and that all statements and that all statements with the statements and the statements are statements.		erein are true and	correct.	I	Date	
Toby 6	1/18/18					
Signature of Authorized Represen	tative,		Cit	CN '		
[/ <sub></sub>	1/1	SIGNUOCI	UMENT F			
MAIL TO:	, , , ,	V	JAN 2	2 2018		
Division of Business Services  148 W. River Street, Providence, Rhod	e Island 02904-2610	5	2562			
Phone: (401) 222-3040 Website: www.sos.ri.gov	3 July 12 207-20 1	8	<u>ر م</u>	WU.	FORM	630 - Revised: 02/2017
Troubles ministration in gov						