



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

Annual Report for the year: 2015
Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV

2018 FEB -9 AM 8:48

- 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 19934		2. Exact name of the Corporation PLASTIC PIPE & SUPPLY, INC			
3. Principal Office Address 100 GLEN ROAD			City CRANSTON	State RI	Zip 02920
4. NAICS Code 423990		6. Brief description of the character of business conducted in Rhode Island MANUFACTURE, WHOLESALE AND RETAIL SALE OF PLASTIC PIPING AND PIPING SUPPLIES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BRIAN J BOWES			Vice-President Name NONE		
Street Address 100 GLEN ROAD			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Secretary Name BRIAN J BOWES			Treasurer Name BRIAN J BOWES		
Street Address SAME			Street Address SAME		
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 NONE			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	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 BRIAN J BOWES <i>Brian J Bowes</i>					Date 1/6/16
Signature of Authorized Representative <i>Brian J Bowes</i>					
SIGN DOCUMENT HERE 8:49 AM					

FILED

FEB 09 2018

BY 323819

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: 02/2017