



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.

1. Entity ID Number 39192		2. Exact name of the Corporation PPM Industries Ltd.				
3. Principal Office Address 17 Briarwood Rd		City Lincoln		State RI	Zip 02865	
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Metals Broker				
5. State of Incorporation RI						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name Gerard J. Passaro			Vice-President Name			
Street Address 56 Heron St.			Street Address			
City Long Beach	State NY	Zip 11561	City	State	Zip	
Secretary Name Marilyn J. Passaro			Treasurer Name			
Street Address 4 Cedar Meadows Dr.			Street Address			
City Smithfield	State RI	Zip 02917	City	State	Zip	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name Gerard J. Passaro			Director Name			
Street Address 56 Heron St.			Street Address			
City Long Beach	State NY	Zip 11561	City	State	Zip	
Director Name Marilyn J. Passaro			Director Name			
Street Address 4 Cedar Meadows Dr.			Street Address			
City Smithfield	State RI	Zip 02917	City	State	Zip	
9. Shares Authorized		10. Shares Issued				Check the box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		8,000			\$0.01	
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 Marilyn J. Passaro					Date 2/20/18	
Signature of Authorized Representative <i>Marilyn J. Passaro</i>						

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FEB 26 2018
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