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

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CORPORATIONS DIV

2018 FEB 27 AM 8:36

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	2. Exact name of the Corporation		
19934	**PLASTIC PIPE & SUPPLY, INC**		
3. Principal Office Address	City	State	Zip
100 GLEN ROAD	**CRANSTON**	**RI**	**02920**
4. NAICS Code **331110**	6. Brief description of the character of business conducted in Rhode Island		
5. State of Incorporation **RI**	**MANUFACTURE, WHOLESALE AND RETAIL SALE OF PLASTIC PIPING AND PIPING SUPPLIES**		

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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 ☐

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 — 10. Shares Issued — 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	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	Date
BRIAN J BOWES	

Signature of Authorized Representative: Brian J Bowes

FILED
FEB 27 2018
KM
BY 325282

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: 10/2017