



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.

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SECRETARY OF STATE
CORPORATIONS DIV

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|--|--------------------|--|---|--------------------|------------------------------|
| 1. Entity ID Number 000009268 | | 2. Exact name of the Corporation PACKINGS + INSULATIONS CORPORATION | | | |
| 3. Principal Office Address 145 CORLISS ST | | | City PROVIDENCE | State RI | Zip 02904 |
| 4. NAICS Code 533110 | | 6. Brief description of the character of business conducted in Rhode Island RE SALE OF INDUSTRIAL PACKINGS INSULATION AND REFRACTORIES | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name STEVEN W. GREGSON | | | Vice-President Name | | |
| Street Address 145 CORLISS ST | | | Street Address | | |
| City PROVIDENCE | State RI | Zip 02904 | City | State | Zip |
| Secretary Name STEVEN W. GREGSON | | | Treasurer Name STEVEN W. GREGSON | | |
| Street Address 145 CORLISS ST | | | Street Address 145 CORLISS ST | | |
| City PROVIDENCE | State RI | Zip 02904 | City PROVIDENCE | State RI | Zip 02904 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name STEVEN W. GREGSON | | | Director Name | | |
| Street Address 145 CORLISS ST | | | Street Address | | |
| City PROVIDENCE | State RI | Zip 02904 | 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 <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 | | |
| | | | 500 | | |
| | | | 0 | | |
| 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 BOYAVIAN ATTORNEY | | | | | Date MARCH 9, 2018 |
| Signature of Authorized Representative  | | | | | FILED |

FILED
MAR 09 2018
BY 326283
AA.