



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 001671947		2. Exact name of the Corporation MPS Plastic Wall Products, Inc.			
3. Principal Office Address 22611 Markey Ct #109			City Sterling	State VA	Zip 20166
4. NAICS Code 238350		6. Brief description of the character of business conducted in Rhode Island Interior wall paneling installation			
5. State of Incorporation Nevada					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Miller			Vice-President Name		
Street Address 22611 Markey Ct #109			Street Address		
City Sterling	State VA	Zip 20166	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
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 John Miller			Director Name Leslie Miller		
Street Address 22611 Markey Ct #109			Street Address 22611 Markey Ct #109		
City Sterling	State VA	Zip 20166	City Sterling	State VA	Zip 20166
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	
		100,000		Common Stock	
				PAR VALUE	
				.001	
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 Derek Matthews					Date 9/17/18
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

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

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