



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

FILED

JAN 07 2019 VIP

BY

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Annual Report for the year: 2019 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 33629		2. Exact name of the Corporation Pierce Packaging Products, Inc.			
3. Principal Office Address 1 Front St. PO Box 7322			City Cumberland	State RI	Zip 02864
4. NAICS Code 423840		6. Brief description of the character of business conducted in Rhode Island Wholesale Sle of Packaging and Shipping Supplies			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel E. Pierce			Vice-President Name Daniel E. Pierce		
Street Address 19 Kirkbrae Drive			Street Address 19 Kirkbrae Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Mary C. Pierce			Treasurer Name Daniel E. Pierce		
Street Address 10 Old Diamond Hill Rd #119			Street Address 19 Kirkbrae Drive		
City Cumberland	State RI	Zip 02864	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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 <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
			1000	none	no par value
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. <i>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.</i>					
Name of Authorized Representative Daniel E. Pierce				Date 1/02/2019	
Signature of Authorized Representative <i>[Handwritten Signature]</i>					

SIGN DOCUMENT HERE