STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: $50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
137017	Aggressive Packaging Incorporated

3. Street Address Principal Business Office	City	State	Zip
21 CARRINGTON ST.	LINCOLN	RI.	02865

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-728-9500	RHODE ISLAND	2659

7. Brief Description of the Character of Business Conducted in Rhode Island
SALE AND DISTRIBUTION OF PACKAGING PRODUCTS AND EQUIPMENT

8. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
ALAN WALKER	NONE
Street Address: 34 CHRISTOPHER STREET	Street Address:
City: WAKEFIELD State: RI. Zip: 02879	City: State: Zip:
Secretary Name: MICHAEL LYNCH	Treasurer Name: MICHAEL LYNCH
Street Address: 7 DANIELS ROAD	Street Address: 7 DANIELS ROAD
City: MENDON State: MA Zip: 01756	City: MENDON State: MA Zip: 01756

9. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
MICHAEL LYNCH	ALAN WALKER
Street Address: 7 DANIELS ROAD	Street Address: 34 CHRISTOPHER STREET
City: MENDON State: MA Zip: 01756	City: WAKEFIELD State: RI. Zip: 02879
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

10. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐ **11. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
8,000 COMM NO PAR VALUE			200	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

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.

Matthew A. Lynch 1/28/05
Signature of Officer *Date*

SECRETARY - MICHAEL LYNCH
Print or Type Name of Officer

Title of Officer

[redacted]

File Date 2/1/05
Check No. 1578
By: DA
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03