 RI SOS Filing I 	Number: 2019	85390050	Date: 1/28/	2019 4:00:00 PM	Л	
state of Rhode Island and	Providence Planta	tions				
Department of State	te - Business	Services Div	/ision			
nual Report for the year	ır: 2019					
corporation						
→ Filing period: January 1 - M	arch 1					
→ Filing Fee: \$50.00	a if farm is not file	od by April 1				
→ Penalty: Additional \$25.00 fe						
1. Entity ID Number	2. Exact name of the Corporation					
001681960	Peninsula Plastics Limited					
3. Principal Office Address			,		State ONTARIO	Zip L2A2S0
620 INDUSTRIAL DRIVE			1	<u></u>		L2A230
4, NAICS Code	6. Brief description	n of the character	of business co	onducted in Rhode Isla	and	
31-33 3 3 2 2 2 9 9	TO THE REPORT OF THE PROPERTY					
5. State of Incorporation	MANUFACTURE RECYCLE BINS FOR RHODE ISLAND RESOURCE RECOVERY CORPORATION					
ONTARIO, CANADA						
7. List ALL officers (names and add	Check the box to indicate an attachment					
President Name CRAIG BOLTON						
Street Address 620 INDUSTRIAL DRIVE			Street Address			
	Totala	7in	City		State	Zip
FORT ERIE	ONTARIO	²⁵ L2A2S0	Treasurer Nam		<u></u>	<u> </u>
Secretary Name						
Street Address			Street Address			
City	State	Zip	City		State	Zip
8. List ALL directors (names and ac	dresses)	<u> </u>	<u> </u>	Check tl	he box to indicate	an attachment
Director Name			Director Name	 -		
Street Address			Street Address			
Street Address						
City	State	Zip	City		State	Zip
Director Name			Director Name			
Street Address			Street Address .			
City	State	Zıp	City		State	Zip
		140.01		Chark t	he box to indicate	an attachment
9. Shares Authorized 10. Shares Issue This information is currently of record in the NUMBER OF SI				CLASS/SERIES		PAR VALUE
Department of State.						
Changes require an additional filing	•		<u> </u>			
_		<u> </u>		Marking If the compa	ntion is in the har	nde of a receiver o
11. This report must be executed of trustee, this report must be execut	ad on behalf of the	comoration by th	e receiver or tr	rustee.		
Under penalty of perjury, I decla	re and affirm that	l I have examined	f this report, i	ncluding any accom	panying schedu	les and
statements, and that all stateme Name of Authorized Representativ	correct.		Date			
		FILED	JANUARY	′ 15. 2019		
ASHLEY CLARK	tative			IANI O O 2010	1	
Signature of Authorited Represen	L J K	SIGN DOC	UMENT HERE	JAN 2 8 2019	200	
<u> </u>			В	<u>-5650</u>		
MAIL TO:				\cup		

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov