



Department of State - Business Services Division

STAMP

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 136958		2. Exact name of the Corporation CAMPAC UNITED CORP.			
3. Principal Office Address 3913 Main Road, Unit E			City Tiverton		State Rhode Island
					Zip 02878
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island The operation of income producing property.			
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 Kenneth M. Pacheco			Vice-President Name Sherry A. Pacheco		
Street Address 463 Stafford Road			Street Address 463 Stafford Road		
City Fall River	State MA	Zip 02721	City Fall River	State MA	Zip 02721
Secretary Name Kenneth M. Pacheco			Treasurer Name Sherry A. Pacheco		
Street Address 463 Stafford Road			Street Address 463 Stafford Road		
City Fall River	State MA	Zip 02721	City Fall River	State MA	Zip 02721
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kenneth M. Pacheco			Director Name Sherry A. Pacheco		
Street Address 463 Stafford Road			Street Address 463 Stafford Road		
City Fall River	State MA	Zip 02721	City Fall River	State MA	Zip 02721
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/SLRHS		PAR VALUE
			400		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 Kenneth M. Pacheco					Date X 1/29/18
Signature of Authorized Representative X Sherry A. Pacheco SIGN DOCUMENT HERE FILED <i>or</i>					