State of Rhode Island and Providence Plantations

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	2. Exact name of the Corporation		
23562	Jay Packaging Group, Inc.		
3. Principal Office Address	City	State	Zip
100 Warwick Industrial Drive	Warwick	RI	02886
4. NAICS Code: 323111	6. Brief description of the character of business conducted in Rhode Island: Offset Printing & Thermoforming		
5. State of Incorporation: Delaware			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Richard E. Kelly	100 Warwick Industrial Drive	Warwick	RI	02886

Vice-President Name	Street Address	City	State	Zip
Fernando A. Lemos	100 Warwick Industrial Drive	Warwick	RI	02886

Secretary Name	Street Address	City	State	Zip

Treasurer Name	Street Address	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Richard E. Kelly	100 Warwick Industrial Drive	Warwick	RI	02886

Director Name	Street Address	City	State	Zip
Fernando A. Lemos	100 Warwick Industrial Drive	Warwick	RI	02886

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	COMM	$1.00

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	Date
Fernando A. Lemos	2/5/2019

Signature of Authorized Representative: ~~SIGN~~ DOCUMENT HERE

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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BY 022421

FORM 630 - Revised: 10/2017