RI SOS Filing Number: 201987596180 Date: 2/22/2019 4:00:00 PM

(ACA)
(A.S.)

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporation

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

-> Filing period: January 1 - March 1 1019 FER 22 PM 12: 01

→ Filing Fee: \$50.00

CONTILUAC	11112-01

→ Penalty: Additional \$25.00 fe	e if form is not file	ed by April 1.						
1. Entity ID Number	2. Exact name of	the Corporation		D.				
<i>9375</i> 2	EDELL DRIVE E. Greenwich RI 02818							
3. Principal Office Address		70 1	City		State	Zip		
123 LAKEDELL DRIVE E. Greenwich RI 02818								
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 7. Code Code Code Code Code Code Code Code								
423990 16 OWN & OPERITE OF BUSINESS 10 SCIT								
4. NAICS Code 4. NAICS Code 4. NAICS Code 4. A Solid Code 4. A Solid Code 4. A Solid Code 4. A Solid Code 5. State of Incorporation Character of business conducted in Rhode Island 7. OWN + OPERATE OF BUSINESS TO SELL FACKAGING MATERIALS Rhode ISLAND								
7. List ALL officers (names and add President Name	resses)		Mos Procidos		he box to in	dicate an attachment		
George Bogolan			Vice-President Name					
Street Address 123 LAKEDELL DRIVE			Street Address					
E. Greenwich	State RI	Zip 02818	City		State	Zip		
Secretary Name	1. 10 4		Treasurer Nar	ne	1			
treet Address			Street Address					
City	State	Zip	City	······································	State	Zip		
8. List ALL directors (names and ad	ldresses)		Y		he box to in	dicate an attachment 🔲		
Director Name			Director Name	2				
Street Address			Street Address	Street Address				
City	State	Zip	City		State	Zip		
Director Name Director Name								
Street Address			Street Address					
City	State	Zip	City	i	State	Zip		
9. Shares Authorized	•	10. Shares Issue		Check t	he box to in	dicate an attachment PAR VALUE		
This information is currently of recor Department of State.	a in the	200	TARES	CLASSISERIES		FAR VALUE		
Changes require an additional filing.		200						
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 / / Date								
George Bogoian (TRESIDEN) 2/5/19								
Signature of Authorized Representative								
Mors	$\sim 10^{6}$	7						
MAIL TO: Division of Business Services								

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.n.gov

FEB 2 2 2019 12.01

BY An 06425

FORM 630 - Revised: 10/2017