



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

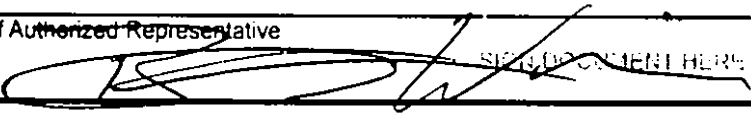
FILED

MAR 14 2019

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BY

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1. Entity ID Number 138874		2. Exact name of the Corporation SHRINKPRO, INC.			
3. Principal Office Address 614 TREMONT STREET			City TAUNTON	State RI	Zip 02780
4. NAICS Code 81 2990		6. Brief description of the character of business conducted in Rhode Island MARINE SERVICES INCLUDING SHRINKWRAP INSTALLATION			
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 BRENT WARISH			Vice-President Name BRENT WARISH		
Street Address 614 TREMONT STREET			Street Address 614 TREMONT STREET		
City TAUNTON	State MA	Zip 02780	City TAUNTON	State MA	Zip 02780
Secretary Name BRENT WARISH			Treasurer Name BRENT WARISH		
Street Address 614 TREMONT STREET			Street Address 614 TREMONT STREET		
City TAUNTON	State MA	Zip 02780	City TAUNTON	State MA	Zip 02780
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			NONE		
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 BRENT WARISH				Date 3/2/19	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov