



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

Annual Report for the year: 2014
Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 AUG -2 AM 9:53

- 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 000164910		2. Exact name of the Corporation PRP, Inc.			
3. Principal Office Address 685 Bald Hill Rd			City Warwick	State RI	Zip 02886
4. NAICS Code 525110		6. Brief description of the character of business conducted in Rhode Island Profit Sharing Plan			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard R Wolfe			Vice-President Name None		
Street Address 685 Bald Hill Rd			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Claudia N. Chappelle			Treasurer Name None		
Street Address 225 Mishnock Rd			Street Address		
City West Greenwich	State RI	Zip 02886	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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/SERIES	PAR VALUE
		1,000,000		STK	0.00
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 Claudia N Chappelle				Date June 24, 2019	
Signature of Authorized Representative <i>Claudia N Chappelle</i>				SIGN DOCUMENT HERE AUG 02 2019 10:00 <i>BY [Signature]</i>	

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