



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2010**  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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CORPORATIONS DIV

2019 AUG -2 AM 9:53

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           |                                                      |                                    |                                                       |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------|-------------------------------------------------------|---------------------|
| 1. Entity ID Number<br><b>000164910</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           | 2. Exact name of the Corporation<br><b>PRP, Inc.</b> |                                    |                                                       |                     |
| 3. Principal Office Address<br><b>685 Bald Hill Rd</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           | City<br><b>Warwick</b>                               |                                    | State<br><b>RI</b>                                    | Zip<br><b>02886</b> |
| 4. NAICS Code<br><b>525110</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6. Brief description of the character of business conducted in Rhode Island<br><b>Profit Sharing Plan</b> |                                                      |                                    |                                                       |                     |
| 5. State of Incorporation<br><b>RI</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           |                                                      |                                    |                                                       |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                   |                                                                                                           |                                                      |                                    |                                                       |                     |
| President Name<br><b>Richard R Wolfe</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           |                                                      | Vice-President Name<br><b>None</b> |                                                       |                     |
| Street Address<br><b>685 Bald Hill Rd</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                           |                                                      | Street Address                     |                                                       |                     |
| City<br><b>Warwick</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | State<br><b>RI</b>                                                                                        | Zip<br><b>02886</b>                                  | City                               | State                                                 | Zip                 |
| Secretary Name<br><b>Claudia N. Chappelle</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           |                                                      | Treasurer Name<br><b>None</b>      |                                                       |                     |
| Street Address<br><b>225 Mishnock Rd</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           |                                                      | Street Address                     |                                                       |                     |
| City<br><b>West Greenwich</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    | State<br><b>RI</b>                                                                                        | Zip<br><b>02886</b>                                  | City                               | State                                                 | Zip                 |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                  |                                                                                                           |                                                      |                                    |                                                       |                     |
| Director Name<br><b>None</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           |                                                      | Director Name<br><b>None</b>       |                                                       |                     |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           |                                                      | Street Address                     |                                                       |                     |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                                                                                                     | Zip                                                  | City                               | State                                                 | Zip                 |
| Director Name<br><b>None</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           |                                                      | Director Name<br><b>None</b>       |                                                       |                     |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           |                                                      | Street Address                     |                                                       |                     |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                                                                                                     | Zip                                                  | City                               | State                                                 | Zip                 |
| 9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                                         |                                                                                                           |                                                      |                                    |                                                       |                     |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           | 10. Shares Issued                                    |                                    | CLASS/SERIES                                          |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           | NUMBER OF SHARES                                     | PAR VALUE                          |                                                       |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           | <b>1,000,000</b>                                     | <b>STK</b>                         | <b>0.00</b>                                           |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           |                                                      |                                    |                                                       |                     |
| 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.<br><b>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.</b> |                                                                                                           |                                                      |                                    |                                                       |                     |
| Name of Authorized Representative<br><b>Claudia N Chappelle</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           |                                                      |                                    | Date<br><b>June 24, 2019</b>                          |                     |
| Signature of Authorized Representative<br><i>Claudia N Chappelle</i>                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           |                                                      |                                    | <b>FILED</b><br>AUG 02 2019 9:56<br>BY <i>g02FVQT</i> |                     |

## MAIL TO:

Division of Business Services

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