



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2009**
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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SECRETARY OF STATE
CORPORATIONS DIV

2019 AUG -2 AM 9:53

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 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 <input type="checkbox"/>												
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000,000</td> <td>STK</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000,000	STK	0.00			
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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>					9:55									

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

FILED
AUG 02 2019
BY *JP2FVQT*