



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

FILED

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Annual Report for the year: 2019
Limited Liability Company

SEP 11 2019 *2*
 15067

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

| | | | | | |
|---|-----------------|---|---------------------|-----------------------|------------------|
| 1. Entity ID Number 149438 | | 2. Exact name of the Limited Liability Company NUMACO PACKAGING, LLC | | | |
| 3. NAICS Code 424990 | | 4. Brief description of the character of business conducted in Rhode Island DESIGN, MANUFACTURE, AND SALE OF PACKAGING PRODUCTS | | | |
| 5. State of Formation RHODE ISLAND | | | | | |
| 6. Principal Office Address 82 BOYD AVENUE | | City EAST PROVIDENCE | State RI | Zip 02914 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name JASON N. TITONE | | Contact Title MANAGER | | | |
| Street Address 82 BOYD AVENUE | | City EAST PROVIDENCE | State RI | Zip 02914 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name JASON N. TITONE | | Manager Name DORINNE M. TITONE | | | |
| Street Address 36 GRANDVIEW DRIVE | | Street Address 70 LE ANN DRIVE | | | |
| City NORTH ATTLEBORO | State MA | Zip 02760 | City SEEKONK | State MA | Zip 02771 |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 9 Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | |
| 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 Person JASON N. TITONE | | | | Date 9/6/19 | |
| Signature of Authorized Person | | SIGN DOCUMENT HERE | | | |

MAIL TO:
 Division of Business Services
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