



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

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

JAN 30 2020

BY

3594
2020

1. Entity ID Number 70579		2. Exact name of the Corporation All Star Adhesive Products, Inc.			
3. Principal Office Address c/o Gaschen Law Offices, 180 Little Pond County Road			City Cumberland		State RI
					Zip 02864
4. NAICS Code 424120		6. Brief description of the character of business conducted in Rhode Island Design and sale of adhesive products			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John J. Murphy			Vice-President Name Ann Murphy		
Street Address 30 Cutler Street Unit 108			Street Address 30 Cutler Street Unit 108		
City Warren	State RI	Zip 02885-2750	City Warren	State RI	Zip 02885-2750
Secretary Name Ann Murphy			Treasurer Name Ann Murphy		
Street Address 30 Cutler Street Unit 108			Street Address 30 Cutler Street Unit 108		
City Warren	State RI	Zip 02885-2750	City Warren	State RI	Zip 02885-2750
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			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:SER ES		
			PAR VALUE		
			100		
			Common		
			No Par		
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 John J. Murphy					Date 1-25-20
Signature of Authorized Representative					

SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov