



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

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2020 FEB -6 A 9:53

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.

1. Entity ID Number 001663378		2. Exact name of the Corporation RI FINEST INC												
3. Principal Office Address 42 Orchard Street			City Johnston	State RI	Zip 02919									
4. NAICS Code 561910		6. Brief description of the character of business conducted in Rhode Island Packaging												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Kenneth Dalo			Vice-President Name Kenneth Dalo											
Street Address 42 Orchard Street			Street Address 42 Orchard Street											
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919									
Secretary Name Kenneth Dalo			Treasurer Name Kenneth Dalo											
Street Address 42 Orchard Street			Street Address 42 Orchard Street											
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919									
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.			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>Common</td> <td>\$1.00</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	Common	\$1.00			
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1000	Common	\$1.00												
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 Kenneth Dalo					Date 2/4/20									
Signature of Authorized Representative <i>K. Dalo</i>					SIGN DOCUMENT HERE FILED ✓									

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

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