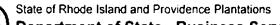
RECEIVED R.I. DEPT. OF STATE

BUS SVCS DIV



Department of State - Business Services Division

2020 FEB -6 A 9:533:

Annual Report for the year: 2020
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.0	0 fee if form is not fil	led by April 1.			· 			
1. Entity ID Number 001663378		2. Exact name of the Corporation RI FINEST INC						
3 Principal Office Address		•	City		State		Zip	
42 Orchard Street			Johnston		RI		02919	
4. NAICS Code	S Code 6. Brief description of the character of business conducted in Rhode Island							
561910	Packaging	Packaging						
5. State of Incorporation								
RI								
7. List ALL officers (names and	addresses)			Check	the box to in	dicate a	an attachment 🔲	
President Name Kenneth Dalo	Vice-President Name Kenneth Dalo							
Street Address 42 Orchard Stree	Street Address 42 Orchard Street							
^{City} Johnston	State RI	^{Zip} 02919	City Johnsto	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'02919	Zıp	City Johnston		State RI	-	^{Zip} 02919	
8. List ALL directors (names and	d addresses)	•			the box to in	ndicate a	an attachment 🔲	
Director Name	Director Name	Director Name						
Street Address			Street Address					
City	State	Zip	City		Stale		Zip	
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State		Zıp	
ony .			J,					
9. Shares Authorized		10. Shares Issued				o indicate an attachment		
This information is currently of record in the Department of State,		NUMBER OF SHARES		CLASS/SERIE Common	<u>s</u>	PAR VALUE		
Changes require an additional fili	ng.							
11. This report must be execute	d on behalf of the co	moration by an	authorized renre	sentative. If the como	oration is in t	he hand	is of a receiver or	
trustee, this report must be execute								
Under penalty of perjury, I de statements, and that all states				including any accor	npanying so	chedule	s and	
Name of Authorized Representative Date							,	
Kenneth Dalo			2	1412	0			
Signature of Authorized Represe	entative	SIGN DO	CUMENT HERE			1 1		
K.IW 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 FEB **0 6 2020**

BY CM CK 1075

FORM 630 - Revised: 10/2017