



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

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 BUS SVCS DIV

2020 FEB 20 A 10:10

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 527668		2. Exact name of the Corporation PAPER PROCESS, INC			
3. Principal Office Address 1343 HARTFORD AVE.			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 541199		6. Brief description of the character of business conducted in Rhode Island CONSTABLE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GRAY STUBBINS			Vice-President Name		
Street Address 40 MONTGOMERY ST. #1894			Street Address		
City PAWUCKET	State RI	Zip 02862	City	State	Zip
Secretary Name PATRICIA GIGERE			Treasurer Name		
Street Address 15 WINTER LN			Street Address		
City ATLEBORO	State MA	Zip 02703	City	State	Zip
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/SERIES	PAR VALUE
		100		CNP	8
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 Gray Stubbins					Date 2/20/2020
Signature of Authorized Representative <i>[Signature]</i>					

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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