



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

FEB 27 2020

BY

[Handwritten Signature]

1. Entity ID Number 144536		2. Exact name of the Corporation Continental Plastics & Packaging, Inc.												
3. Principal Office Address 21 Powder Hill Road			City Lincoln	State RI	Zip 02865									
4. NAICS Code 31-33-Manufacturing		6. Brief description of the character of business conducted in Rhode Island Manufacturing & sale of food packaging products & plastic 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 F. Conley			Vice-President Name											
Street Address 21 Powder Hill Road			Street Address											
City Lincoln	State RI	Zip 02865	City	State	Zip									
Secretary Name John F. Conley			Treasurer Name John F. Conley											
Street Address 21 Powder Hill Road			Street Address 21 Powder Hill Road											
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865									
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No par			
NUMBER OF SHARES	CLASS/SERIES	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 F. Conley, President				Date 2/11/20										
Signature of Authorized Representative <i>[Handwritten Signature]</i>														

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