



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

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 BUSINESS DIV

2020 MAR -3 P 2:55

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 000019211		2. Exact name of the Corporation Campbell Enterprises Corp.					
3. Principal Office Address 59 Bridget Way				City Attleboro		State MA	Zip 02703
4. NAICS Code 322130		6. Brief description of the character of business conducted in Rhode Island Manufacturer of folding cartons and corrugated components.					
5. State of Incorporation Rhode Island							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Steven M. Felici			Vice-President Name				
Street Address 59 Bridget Way			Street Address				
City Attleboro		State MA	Zip 02703		City	State	Zip
Secretary Name Ronald C. Felici			Treasurer Name Ronald C. Felici				
Street Address 4441 SE Waterford Dr.			Street Address 4441 SE Waterford Dr.				
City Stuart		State FL	Zip 34997		City Stuart	State FL	Zip 34997
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name Ronald C. Felici			Director Name Steven M. Felici				
Street Address 4441 SE Waterford Dr.			Street Address 59 Bridget Way				
City Stuart		State FL	Zip 34997		City Attleboro	State MA	Zip 02703
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 VA. UE	
			600		CNP	0	
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 Steven M. Felici					Date 1/31/2020		
Signature of Authorized Representative <i>Steven M. Felici</i>			SIGNATURE <i>Steven M. Felici</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

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