



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

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

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|--|---|---|--------------------------|
| 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 | |
| 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 | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name Gregg Theriault | | Director Name Steven M. Felici | |
| Street Address 2 Apple Blossom Way | | Street Address 59 Bridget Way | |
| City Stow | State MA | Zip 01775 | |
| Director Name Ronald C. Felici | | Director Name | |
| Street Address 4441 SE Waterford Dr. | | Street Address | |
| City Stuart | State FL | Zip 34997 | |
| 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"/> | |
| | | NUMBER OF SHARES 600 | C. ASS/SERIES CNP |
| | | | PAR VALUE 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> | | SIGN DOCUMENT HERE | |

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

MAR 03 2020

FORM 630 - Revised: 02/2017

BY *SCJVT*