



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 99676		2. Name of Corporation NORTHEAST FINISHING INC.			
3. Street Address Principal Business Office 640 WINTER ST.		City WOONSOCKET	State R.I.	Zip 02895	
4. Business Phone No. 401-766-8534		5. State of Incorporation RHODE ISLAND		6. SIC Code 0	
7. Brief Description of the Character of Business Conducted in Rhode Island THE PAINTING AND COATING OF METAL AND PLASTIC PARTS AS A SUB-CONTRACTED STEP IN THE FABRICATION PROCESS OF VARIOUS INDUSTRIAL AND MECHANICAL MANUFACTURERS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STEPHEN PIRIE		Vice President Name RICHARD PETRIN			
Street Address 18 QUAKER ST.		Street Address 557 BLACK PLAIN RD.			
City NORTHBRIDGE	State MA	Zip 01534	City NO. SMITHFIELD	State R.I.	Zip 02896
Secretary Name Stephen Pirie		Treasurer Name Richard Petrin			
Street Address 18 Quaker Street		Street Address 557 Black Plain Road			
City Northbridge	State MA	Zip 01534	City NO Smithfield	State RI	Zip 02896
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Richard Petrin		Director Name Stephen Pirie			
Street Address 557 Black Plain Road		Street Address 18 Quaker ST			
City NO Smithfield	State RI	Zip 02896	City Northbridge	State MA	Zip 01534
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	Common	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date **FILED**

Check No. **MAR 08 2005**

By **zc**

FOR SECRETARY OF STATE USE ONLY

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.

**Richard Petrin** 1.6.04  
Signature of Officer Date

**RICHARD PETRIN**  
Print or Type Name of Officer

**V.P.**  
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 99676		2. Name of Corporation NORTHEAST FINISHING INC.			
3. Street Address Principal Business Office One Tupperware Drive			City North Smithfield	State RI	Zip 02896
4. Business Phone No. 401-766-8534		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island THE PAINTING AND COATING OF METAL AND PLASTIC PARTS AS A SUB-CONTRACTED STEP IN THE FABRICATION PROCESS OF VARIOUS INDUSTRIAL AND MECHANICAL MANUFACTURERS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stephen Pirie			Vice President Name Richard L. Petrin		
Street Address 18 Quaker Street			Street Address 557 Black Plain Road		
City Northbridge	State MA	Zip 01534	City North Smithfield	State RI	Zip 02896
Secretary Name Stephen Pirie			Treasurer Name Richard L. Petrin		
Street Address 18 Quaker Street			Street Address 557 Black Plain Road		
City Northbridge	State MA	Zip 01534	City North Smithfield	State RI	Zip 02896
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Richard L. Petrin			Director Name Stephen Pirie		
Street Address 557 Black Plain Road			Street Address 18 Quaker Street		
City North Smithfield	State RI	Zip 02896	City Northbridge	State MA	Zip 01534
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	Common	No par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 9 6 7 6 \*

File Date 1-26-04  
Check No. 2815  
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 1.23.04  
Signature of Officer Date

Richard L. Petrin  
Print or Type Name of Officer

Vice-President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

99676

NORTHEAST FINISHING INC.

3. Street Address Principal Business Office

City

State

Zip

One Tupper Drive

North Smithfield

RI

02896

4. Business Phone No.

5. State of Incorporation

6. SIC Code

401-766-8584

RHODE ISLAND

0

7. Brief Description of the Character of Business Conducted in Rhode Island

Painting and coating of metal and plastic parts

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Vice President Name

Stephen Pirie

Richard L. Petrin

Street Address

Street Address

18 Quaker Street

557 Black Plain Road

City

State

Zip

City

State

Zip

Northbridge

MA

01534

North Smithfield

RI

02896

Secretary Name

Treasurer Name

Stephen Pirie

Richard L. Petrin

Street Address

Street Address

18 Quaker Street

557 Black Plain Road

City

State

Zip

City

State

Zip

Northbridge

MA

01534

North Smithfield

RI

02896

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Director Name

Richard L. Petrin

Stephen Pirie

Street Address

Street Address

557 Black Plain Road

18 Quaker Street

City

State

Zip

City

State

Zip

North Smithfield

RI

02896

Northbridge

MA

01534

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

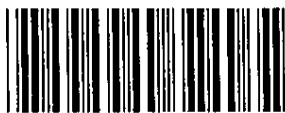
1,000 NO PAR VALUE

100

Common

No par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 9 6 7 6 \*

File Date: 2.21.03

Check No.: 2340

By: ICP

FOR SECRETARY OF STATE USE ONLY

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.

Richard L. Petrin 2.19.03  
Signature of Officer Date

Richard L. Petrin

Print or Type Name of Officer

Vice President

Title of Officer

5

Form 630 12/02



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

99676

NORTHEAST FINISHING INC.

3. Street Address Principal Business Office

City

State

Zip

One Tupperware Drive

North Smithfield

RI

02896

4. Business Phone No.

5. State of Incorporation

6. SIC Code

401-766-8534

RHODE ISLAND

0

7. Brief Description of the Character of Business Conducted in Rhode Island

Painting and coating of metal and plastic parts

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

Stephen Pirie

Richard L. Petrin

Street Address

Street Address

18 Quaker Street

557 Black Plain Road

City

State

Zip

City

State

Zip

Northbridge

MA

01534

North Smithfield

RI

02896

Secretary Name

Treasurer Name

Stephen Pirie

Richard L. Petrin

Street Address

Street Address

18 Quaker Street

557 Black Plain Road

City

State

Zip

City

State

Zip

Northbridge

MA

01534

North Smithfield

RI

02896

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

Richard L. Petrin

Stephen Pirie

Street Address

Street Address

557 Black Plain Road

18 Quaker Street

City

State

Zip

City

State

Zip

North Smithfield

RI

02896

Northbridge

MA

01534

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

100

Common

No par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 9 6 7 6 \*

File Date: \_\_\_\_\_

FILED

Check No.: \_\_\_\_\_

MAR 21 2002

By: \_\_\_\_\_

BY COM 282645

FOR SECRETARY OF STATE USE ONLY

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.

Richard L. Petrin 3-14-02

Signature of Officer

Date

Richard L. Petrin

Print or Type Name of Officer

Vice-President

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **99676** 2. Name of Corporation **NORTHEAST FINISHING INC.**

3. Street Address Principal Business Office  
**1 TUPPERWARE DRIVE**

City **N. SMITHFIELD** State **RI**

Zip **02896**

4. Business Phone No.  
**(401) 766-8534**

5. State of Incorporation  
**RHODE ISLAND**

6. SIC Code  
**0**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**PAINTING AND COATING OF METAL AND PLASTIC PARTS**

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name  
**STEPHEN PIRIE**

Vice President Name  
**RICHARD L. PETRIN**

Street Address  
**18 QUAKER ST.**

Street Address  
**557 BLACK PLAIN RD.**

City **NORTHBRIDGE** State **MA** Zip **01534**

City **N. SMITHFIELD** State **RI** Zip **02896**

Secretary Name  
**STEPHEN PIRIE**

Treasurer Name  
**RICHARD L. PETRIN**

Street Address  
**18 QUAKER ST.**

Street Address  
**557 BLACK PLAIN RD.**

City **NORTHBRIDGE** State **MA** Zip **01534**

City **N. SMITHFIELD** State **RI** Zip **02896**

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name  
**RICHARD L. PETRIN**

Director Name  
**STEPHEN PIRIE**

Street Address  
**557 BLACK PLAIN RD.**

Street Address  
**18 QUAKER ST.**

City **N. SMITHFIELD** State **RI** Zip **02896**

City **NORTHBRIDGE** State **MA** Zip **01534**

Director Name

Director Name

Street Address

Street Address

City State Zip

City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

**1,000 NO PAR VALUE**

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value

**100 COMMON NPV**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 9 6 7 6 \*

File Date: 3/8

Check No.: 1390

By: 2

FOR SECRETARY OF STATE USE ONLY

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.

Richard L. Petrin 3.6.01  
Signature of Officer Date

RICHARD PETRIN  
Print or Type Name of Officer

Vice President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **99676** 2. Name of Corporation **NORTHEAST FINISHING INC.**  
3. Street Address Principal Business Office **1 TUPPERWARE DRIVE**  
4. Business Phone No. **(401) 766-8534** 5. State of Incorporation **RHODE ISLAND**

City **N. SMITHFIELD** State **RI** Zip **02896**  
6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**PAINTING AND COATING OF METAL AND PLASTIC PARTS**

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **STEPHEN PIRIE**  
Street Address **18 QUAKER ST.**  
City **NORTHBRIDGE** State **MA** Zip **01534**

Vice President Name **RICHARD L. PETRIN**  
Street Address **557 BLACK PLAIN RD.**  
City **N. SMITHFIELD** State **RI** Zip **02896**

Secretary Name **STEPHEN PIRIE**  
Street Address **18 QUAKER ST.**  
City **NORTHBRIDGE** State **MA** Zip **01534**

Treasurer Name **RICHARD L. PETRIN**  
Street Address **557 BLACK PLAIN RD.**  
City **N. SMITHFIELD** State **RI** Zip **02896**

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **RICHARD L. PETRIN**  
Street Address **557 BLACK PLAIN RD.**  
City **N. SMITHFIELD** State **RI** Zip **02896**

Director Name **STEPHEN PIRIE**  
Street Address **18 QUAKER ST.**  
City **NORTHBRIDGE** State **MA** Zip **01534**

Street Address

City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 NO PAR VALUE**

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 COMMON NPV**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 9 6 7 6 \*

File Date: 12/30/99

Check No.: 756

By: GDA

FOR SECRETARY OF STATE USE ONLY

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.

Richard Petrin 12.29.99  
Signature of Officer Date

RICHARD PETRIN  
Print or Type Name of Officer

VICE PRESIDENT  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>99676</b>		2. Name of Corporation <b>NORTHEAST FINISHING INC.</b>	
3. Street Address Principal Business Office <b>1 Tupperware Drive</b>		City <b>NO SMITHFIELD</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 766-8534</b>		Zip <b>02896</b>	6. SIC Code
5. State of Incorporation <b>RHODE ISLAND</b>			
7. Brief Description of the Character of Business Conducted in Rhode Island <b>PAINTING AND COATING OF METAL AND PLASTIC PARTS</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>RICHARD L. PETRIN</b>		Vice President Name <b>STEPHEN PIRIE</b>	
Street Address <b>557 BLACK PLAIN RD</b>		Street Address <b>18 QUAKER ST</b>	
City <b>NO SMITHFIELD</b>	State <b>RI</b>	City <b>NORTHBRIDGE</b>	State <b>MA</b>
Zip <b>02896</b>		Zip <b>01534</b>	
Secretary Name <b>STEPHEN PIRIE</b>		Treasurer Name <b>RICHARD L. PETRIN</b>	
Street Address <b>18 QUAKER ST</b>		Street Address <b>557 BLACK PLAIN ROAD</b>	
City <b>NORTHBRIDGE</b>	State <b>MA</b>	City <b>NO SMITHFIELD</b>	State <b>RI</b>
Zip <b>01534</b>		Zip <b>02896</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <b>RICHARD L. PETRIN</b>		Director Name <b>STEPHEN PIRIE</b>	
Street Address <b>557 BLACK PLAIN RD</b>		Street Address <b>18 QUAKER ST</b>	
City <b>NO SMITHFIELD</b>	State <b>RI</b>	City <b>NORTHBRIDGE</b>	State <b>MA</b>
Zip <b>02896</b>		Zip <b>01534</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>1,000 NO PAR VALUE</b>		<b>100</b>	<b>COMMON</b>
Par Value		Par Value	
		<b>NPV</b>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 9 6 7 6 \*

File Date: **04-02-99**

Check No.: **442**

By: **SD**

FOR SECRETARY OF STATE USE ONLY

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.

**Richard Petrin** 3.30.99  
Signature of Officer Date

**RICHARD PETRIN**  
Print or Type Name of Officer

**Vice President**  
Title of Officer