



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

Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2006

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

1. ID No. 99766		2. Exact name of the limited liability company Ocean State Packaging, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BROKER OF PLASTIC CONTAINERS	
5. Principal office address 20 Coriander Lane		City North Kingston	State RI
		Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Brian Beneduce		Contact Title president	
Street Address 24 Coriander Lane		City North Kingstown	State RI
		Zip 02852	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name None		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name PAUL PLOURDE, ESQ.		Address PLOURDE, BOGUE, MCLAUGHLIN	
Address 50 EXCHANGE TERRACE, SUITE 320		City PROVIDENCE	Zip 02903

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



* 9 9 7 6 6 *

FILED

File Date OCT 30 2006
Check No. By 6550
By: _____

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 of Authorized Person [Signature] Date 10/20/06

Brian Beneduce, President

Print or Type Name of Authorized Person



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 99766		2. Exact name of the limited liability company Ocean State Packaging, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BROKER OF PLASTIC CONTAINERS	
5. Principal office address 24 Coriander Lane		City North Kingstown	State RI
		Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Brian Beneduce		Contact Title President	
Street Address 24 Coriander Lane		City North Kingstown	State RI
		Zip 02852	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name None		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name PAUL PLOURDE, ESQ.		Address PLOURDE, BOGUE, MCLAUGHLIN	
Address 50 EXCHANGE TERRACE, SUITE 320		City PROVIDENCE	Zip 02903

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



99766

File Date	10/25/05
Check No.	6082
By:	
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 of Authorized Person Date 10/13/05
Brian Beneduce, President
Print or Type Name of Authorized Person



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 02905-1335
401 222 3949

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. D.N. 99766		2. Exact name of the limited liability company Ocean State Packaging, LLC	
3. State of formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BROKER OF PLASTIC CONTAINERS	
5. Principal office address 24 Coriander Lane		City North Kingstown	State RI
		Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name: Brian Beneduce Contact Title: President			
Street Address 24 Coriander Lane		City North kingstown	State RI
		Zip 02852	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name None		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name PAUL PLOURDE, ESQ.		Address PLOURDE, BOGUE, MC LAUGHLIN	
Address 50 EXCHANGE TERRACE, 3RD FLOOR		City PROVIDENCE	Zip 02903

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 9 9 7 6 6 *

File Date	<u>10/1/04</u>
Check No	<u>5718</u>
By	<u>PA</u>
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 of Authorized Person
Date 9/25/04
Brian Beneduce, President
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 99766		2. Exact name of the limited liability company Ocean State Packaging, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BROKER OF PLASTIC CONTAINERS	
5. Principal office address 24 Coriander Lane		City North Kingstown	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Brian Beneduce		Contact Title President	Zip 02852
Street Address 24 Coriander Lane		City North Kingstown	State RI
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52		Zip 02852	
Manager Name None		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name PAUL PLOURDE, ESQ.		Address PLOURDE, BOGUE, MCLAUGHLIN	
Address 50 EXCHANGE TERRACE, 3RD FLOOR		City PROVIDENCE	Zip 02903

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date	10/22/03
Check No.	5442
By	
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 of Authorized Person
Brian Beneduce, President
Date **10/16/03**
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 99766		2. Exact name of the limited liability company Ocean State Packaging, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BROKER OF PLASTIC CONTAINERS	
5. Principal office address 24 Coriander Lane		City North Kingstown	State RI
		Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Brian Beneduce		Contact Title President	
Street Address 24 Coriander Lane		City North Kingstown	State RI
		Zip 02852	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name None		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State			State
Zip			Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State			State
Zip			Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name PAUL PLOURDE, ESQ.		Address PLOURDE, BOGUE, MCLAUGHLIN	
Address 50 EXCHANGE TERRACE, 3RD FLOOR		City PROVIDENCE	Zip 02903

This report must be signed in ink by an authorized person pursuant to 7-16-66.



File Date	11-12-02
Check No.	13012
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] **11/16/02**
Signature of Authorized Person Date
Brian Beneduce, President
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 99766

Annual Report for the year 2001

1. The name of the limited liability company is:

Ocean State Packaging, LLC

2. The address of the principal office of the limited liability company is:

1507 Post Road, Warwick, RI 02888

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: PAUL PLOURDE, ESQ.

PLOURDE, BOGUE, MCLAUGHLIN 50 EXCHANGE TERRACE, 3RD FLOOR PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Brian Beneduce, President

1507 Post Road, Warwick, RI 02888

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: broker of plastic containers

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>None</u>	

Dated Oct. 28 2001



9 9 7 6 6

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.

Ocean State Packaging, LLC

Exact Name of Limited Liability Company

By

President

Title

10/22/01

FOR SECRETARY OF STATE USE ONLY

File Date: 11-5-01

Check No.: 4169

By: [Signature]

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 99766

Annual Report for the year 2000

1. The name of the limited liability company is:

Ocean State Packaging, LLC

2. The address of the principal office of the limited liability company is:

1507 Post Road, Warwick RI 02888

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: PAUL PLOURDE, ESQ.

Plourde, Bogue, McLaughlin - Moylan, LLP, 50 EXCHANGE TERRACE, 3RD FLOOR

PROVIDENCE RHODE ISLAND 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Ocean State Packaging, LLC

Brian Beredue, President

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: broker of Plastic Containers

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated 10/15/00

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.



9 9 7 6 6 E 2 07 100

OCEAN STATE PACKAGING, LLC

Exact Name of Limited Liability Company

By

FOR SECRETARY OF STATE USE ONLY

File Date: 11-20-00

Check No.: 3200

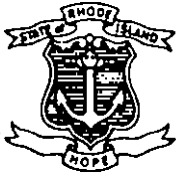
By: BMF

Title

Form No. 632
Revised 01/99

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number LL 99766

Annual Report for the year 1999

1. The name of the limited liability company is:
Ocean State Packaging, LLC
2. The address of the principal office of the limited liability company is:
One Citizens Plaza, Suite 830, Providence, RI 02903
3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
4. The name and address of its resident agent is: PAUL PLOURDE, ESQ.
PLOURDE & LEONARD, LTD. ONE CITIZENS PLAZA, SUITE 830 PROVIDENCE, RI 02903
5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Brian Beneduce, President
One Citizens Plaza, Suite 830, Providence, RI 02903
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: _____
7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>Brian Beneduce</u>	<u>One Citizens Plaza, Suite 830, Providence RI 02903</u>
<u>President</u>	_____

Dated _____



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.

Ocean State Packaging, LLC

Exact Name of Limited Liability Company

By _____

President

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 10-13-99

Check No.: 2233

By: AMF

Form No. 632
Revised 01/99