

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_ <u>2006</u>

Filing Period: September 1 - November 1 • Filing Fee: \$50.00
THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

1. ID No.	7 	IGITED LEGIDET	IN BLACK INK					
	2. Exact name of the limited liability company							
99766	Ocean State Packaging, LLC							
3. State of Formation			usiness which is actually conducted in Rhode Is	land				
RHODE ISLAND	BROKER O	F PLASTIC CONTAINE	ERS					
5. Principal office address			City	State	Zıp			
2Córiande:	r Lane		North Kingston	a l	I 02852			
6. MAILING ADDRE	SS OF LIMITED LIABI	LITY COMPANY ANI	D NAME OR TITLE OF CONTACT PE	RSON:	1 02032			
Contact Name			Contact Title	•				
Bria	an Beneduce		president					
Street Address	-		City	State	Zip			
24 Coria	ander Lane		North Kingstown	RI	02852			
7. NAME AND ADDE	RESS OF EACH MANAG	GER OF THE LIMITE	D LIABILITY COMPANY, IF APPLIC	ARIE DO NO	T HET MEMBERS			
	FILL IN SP.	ACES BEFORE USING	G ATTACHMENTS ("X" BOX FOR	ATTACHMENT)	U TIST WEWBEKS			
, AN			IRES FILING OF AMENDMENT, R.I.O	G.L. 7-16-12 (a)	(2) / 7-16-52			
Manager Name	·	· · ·	Manager Name	<u>-</u>				
None								
Street Address								
			Sirrei Address	Sirt Address				
City	State	Zip	Gity	State				
		\(\frac{1}{2}\)	City	State	Zip			
Manager Name	·····		Manager Name		······			
			Surange Same					
Street Address			Street Address	: Street Address				
City:	State	Zιp	City	State	Zip			
					· ·			
8. RESIDENT AGENT	IN RHODE ISLAND -	DO NOT ALTER - C	Changes require filing of Form 642	- R.I.G.L. 7-16	-11			
Agent Name			Address					
PAUL PLOURDE, ESC	Q		PLOURDE, BOGUE, MCLAUGI	PLOURDE, BOGUE, MCLAUGHLIN				
Address			City		Zip			
50 EXCHANGE TERR	ACE, SUITE 320		PROVIDENCE					

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



FILED	\neg
File Date	-
By 6550	_
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.

Signorare of Authorized Person

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	er 1 - November 1	• Filing Fee: \$5	0.00				
(FORM MUST BE TYPED OR	PRINTED IN BIACK)						
1. ID No. 2	2. Exact name of the limited liability company						
99766	766 Ocean State Packaging, LLC						
3. State of Formation	4. Brief descript	on of the character of the h	nistness which is actually conducted in Rhode Islan	nd			
RHODE ISLAND	BROKER O	F PLASTIC CONTAINE	RS				
5. Principal office address		· · · · · · · · · · · · · · · · · · ·	City	State	Zip		
24 Coriander L	ane		North Kingstown	RI	02852		
6. MAILING ADDRESS	OF LIMITED LIAB	ILITY COMPANY AN	D NAME OR TITLE OF CONTACT PER	SON:	•		
Contact Name			Contact Title		• •		
Brian Beneduce			President				
Street Address		<u></u>	City	State	Zip		
24 Coriander L	aner		North Kingstown	RI	02852		
7. NAME AND ADDRES	SS OF EACH MANA	GER OF THE LIMITE	ED LIABILITY COMPANY, IF APPLICA	.' BLE	' -		
•	FILL IN SI	PACES BEFORE USIN	G ATTACHMENTS ("X" BOX FOR AT	TTACHMENT)			
ANY 3	MODIFICATIONS T	O MANAGERS REQU	IRES FILING OF AMENDMENT, R.I.G.I	L. 7-16-12 (a) (2) / 7	7-16-52		
Manager Name			Manager Name	Manager Name			
None							
Street Address			Street Address				
			:				
City	State	Zip	City	State	Zip		
Manager Name	******************	••••••••••••••••••••	Manager Name				
Street Address	-		Street Address	Street Address			
Cuy	State	Zip	City	State	Zip		
8 *********		1	•	ļ			
	N RHODE ISLAND	· DO NOT ALTER ; C	Changes require filing of Form 642	R.I.G.L. 7-16-11			
Agent Name			Address				
PAUL PLOURDE, ESQ.			PLOURDE, BOGUE, MCLAUGHLI	PLOURDE, BOGUE, MCLAUGHLIN			
Address			Cuy	Zip			
50 EXCHANGE TERRACE, SUITE 320			PROVIDENCE	PROVIDENCE 02903			

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

File Date	10/25/05
Check No	MAN
By:FOI	R 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 pathorited Person

Print or Type Name of Authorized Person

Form 632 Rev. 7/03



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

Matthew A. Brown, Secretary of State

Corporations Dayson 169 North Main Street Providence RL02903-1335 961 222 3949

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: Septen (FORM MUST BE TYPED			Filing Fee: \$50.00		, , DAK		///
1 110 89							
99766							
3 State of Formation	- i .	Brief description of the ,	Paracter of the business whi	ch is octuelly conducted in Rhode Islan	nd	·	
RHODE ISLAND		BROKER OF PLAST					
3 Promipal office address 24 Coriander				Cur. North Kingstown	RI		Δφ 02852
Brian Beneduc		TED LIABILITY C	OMPANY AND NAME	E OR TITLE OF CONTACT PERSON: Contact Inte President			
Successional Address 24 Coriander	Lane			Can North kingstown	Nate RI		² 02852
AN		FILL IN SPACES B	EFORE USING ATTAC	; LITY COMPANY, IF APPLICAL CHMENTS	TACHMENT) [] i) (2) / 7-16	i i-52
Manager Name None				Manager Name			
Sivet Address				Street Address			
Cur	Na	tte	Zip	Car	State	 .	Zip
Mastazer Name				Manager Name			
New Address				Street Additions			
e liger	Sta	le	Zip	chi	Suite	· _	Zφ
8. RESIDENT AGENT	T IN RHOD	E ISLAND - DO NO	OT ALTER - Changes	s require filing of Form 642 - R.I.G.L. 7-16-11 Address			
PAUL PLOURDE, ESO.				PLOURDE, BOGUE, MCI AUGHLIN			
Address				Ceti Zep		-	
50 EXCHANGE TERRACE, 3RD FLOOR			PROVIDENCE 02903				

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



File Date
Check No 5_7[8
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.

Subuture Manuorized Person

Brian Beneduce, President

Print or Type Name of Authorized Person



Corporations Division

100 North Main Street Providence, RI 02003-1335 461 222 3040

2003

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR $_$

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) Exact name of the timated balainty company 99766 Ocean State Packaging, LLC 3. State of Formation i Brief description of the character of the basiness which is actually conducted in Rhode Island **BROKER OF PLASTIC CONTAINERS** RHODE ISLAND 5. Prayopal office address 24 Coriander Lane North Kingstown RI 02852 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Brian Beneduce President Street Address State 24 Coriander Lane North Kingstown RI 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) \square ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Sames Name None Street Address Street Address cu. 7: City 7.40 Marvager Nama Manager Name Street Address Street Address Ζφ Mate 740 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 PAUL PLOURDE, ESQ. PLOURDE, BOGUE, MCLAUGHLIN

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

PROVIDENCE

* 9 9 7 6 6	
File Date 10 22 03	
FOR SECRETARY OF STATE USE ONLY	

50 EXCHANGE TERRACE, 3RD FLOOR

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

1.5

02903

Signature of Authorized Person

Brian Beneduce, President

Print or Type Name of Authori, ed Person



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

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) I. ID No. 2. Exact name of the limited liability company 99766 Ocean State Packaging, LLC 3 State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **BROKER OF PLASTIC CONTAINERS RHODE ISLAND** 5. Principal office address 24 Coriander Lane North Kingstown <u>02852</u> 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name Contact Title Brian Beneduce President Street Address City <u> 24 Coriander Lane</u> 02852 RI North Kinestown 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 Nume · Manager Nume None Street Address * Street Address Cuv State City Zip Manager Name Manager Name Street Address Street Address City State .City State Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.1., 7-16-11 Igent Name PAUL PLOURDE, ESQ. PLOURDE, BOGUE, MCLAUGHLIN Address City Zip 50 EXCHANGE TERRACE, 3RD FLOOR **PROVIDENCE** 02903

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



11-12-02 File Date 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

Print or Type Name of Authorized Person



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

D	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.					
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				
	None				
Da	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				

FOR SECRETARY OF STATE USE ONLY File Date: 11-5-01 Check No.: 4169 By:

10/22/01 President

> 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 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 lim			
	1507 Post Road, WASWIEL	KL OZYYY		
3.	The state or other jurisdiction under the law	s of which it is formed is RHODE ISLAND		
4.				
,	ACCURACY DOUBLE TO DESCRIPTION OF THE DATE OF THE PARTY O	LLP, SOEKCHANGE TERRACE, 3Ld Floor NO. DESCRIPTION OF THE PROVIDENCE RI 02903		
5.	The current mailing address of the limited li	ability company and the name or title of a person to whom communications		
	may be directed are: Occum State I	including LLC		
	Brisin Beredice Preside	nT		
6.	A brief statement of the character of the Estate: broker CF Plastic Co	nusiness in which the limited liability company is actually engaged in this		
7.	If the limited liability company has managers Name	s, the name and address of each manager of the limited liability company **Address**		
Dat	ted <u>/0/15/60</u>	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and		
	The state of the s	Ocean State Packaging LLC Exact Name of Limited Liability Company		
File	FOR SECRETARY OF STATE USE ON THE STATE OF STATE	Ву		
Chec	ck No.: 3206	Tite Tite		
Ву:	Amr	Form No. 632 Revised 01/99		

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

Revised 01/99



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 <u>LL 99</u> 76 <u>6</u>	Annual Report for the year 1999					
1.	The name of the limited liability compar	ny 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	e laws of which it is formed is RHODE ISLAND					
The name and address of its resident agent is: PAUL PLOURDE, ESQ.		igent is: PAUL PLOURDE, ESQ.					
	PLOURDE & LEONARD, LTD. ONE CI	TIZENS PLAZA, SUITE 830 PROVIDENCE, RI 02903					
5.	The current mailing address of the limit	ed liability company and the name or title of a person to whom communications					
	may be directed are: Brian Beneduce, President						
	One Citizens Plaza, Su	One Citizens Plaza, Suite 830, Providence, RI 02903					
6.		the business in which the limited liability company is actually engaged in this					
7		agers, the name and address of each manager of the limited liability company Address					
	Brian Beneduce	One Citizens Plaza, Suite 830, Providence RI 02903					
	President						
Da		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					
	FOR SECRETARY OF STATE USE ONLY Date: 10-13-99	By					
	rck No.: 2233	- Resident Title					
3 111-	AMF	Form No. 632					