RI SOS Filing Number: 202187511610 Date: 1/20/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

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

FILED STAMP

JAN 20 2021

BY 4150 DS

1. Entity ID Number	2. Exact name of the Corporation
000068550	LJM PACKAGING CO., INC.

3. Principal Office Address	City	State	Zip
28 Mason Street	North Kingtown	RI	02852

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
335931	Manufacture, buy, sell, deal in receptacles, packages, containers, packaging devices.
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: John A. Pezza			Vice-President Name: John A. Pezza		
Street Address: 28 Mason Street			Street Address: 28 Mason Street		
City: North Kingstown	State: RI	Zip: 08252	City: North Kingstown	State: RI	Zip: 08252
Secretary Name: John A. Pezza			Treasurer Name: John A. Pezza		
Street Address: 28 Mason Street			Street Address: 28 Mason Street		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: John A. Pezza			Director Name		
Street Address: 28 Mason Street			Street Address		
City: North Kingstown	State: RI	Zip: 02852	City	State	Zip
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.		600	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	Date
JOHN A. PEZZA President	1/13/2021
Signature of Authorized Representative	

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

FORM 630 - Revised: 08/2020