



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2021  
**Corporation** \_\_\_\_\_

**FILED STAMP**

JAN 20 2021

BY 4150 DS

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

1. Entity ID Number 000068550		2. Exact name of the Corporation LJM PACKAGING CO., INC.			
3. Principal Office Address 28 Mason Street		City North Kingtown		State RI	Zip 02852
4. NAICS Code 335931		6. Brief description of the character of business conducted in Rhode Island Manufacture, buy, sell, deal in receptacles, packages, containers, packaging devices.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name John A. Pezza			Vice-President Name John A. Pezza		
Street Address 28 Mason Street			Street Address 28 Mason Street		
City North Kingtown	State RI	Zip 08252	City North Kingtown	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 Kingtown	State RI	Zip 08252	City North Kingtown	State RI	Zip 08252
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name John A. Pezza			Director Name		
Street Address 28 Mason Street			Street Address		
City North Kingtown	State RI	Zip 08252	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		C: ASS/SERIES
					PAR VALUE
			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.					
<b>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.</b>					
Name of Authorized Representative JOHN A. PEZZA <i>President</i>					Date 1/13/2021
Signature of Authorized Representative <i>John A. Pezza</i>					

MAIL TO:  
 Division of Business Services  
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