State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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.

1. Entity ID Number	2. Exact name of the Corporation		
3896	**Central Paper Co., Inc.**		
3. Principal Office Address	City	State	Zip
1495 Newport Ave.	**Pawtucket**	**R.I.**	**02861**
4. NAICS Code **425120**	6. Brief description of the character of business conducted in Rhode Island		
5. State of Incorporation **R.I.**	**Purchase, sale, distribution, manufacture or disbursement of paper goods.**		

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

President Name	Street Address	City	State	Zip
Charles R. Perkowski	**110 William Henry Rd.**	**Scituate**	**R.I.**	**02857**

Vice-President Name	Street Address	City	State	Zip
William P. Perkowski	**13 North Dr.**	**Middletown**	**R.I.**	**02842**

Secretary Name	Street Address	City	State	Zip
Elizabeth T. Perkowski	**36 Riverview Ave.**	**Swansea**	**MA**	**02777**

Treasurer Name	Street Address	City	State	Zip
Paul A. Perkowski	**36 Riverview Ave**	**Swansea**	**MA**	**02777**

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

Director Name	Street Address	City	State	Zip
Paul A. Perkowski	**36 Riverview Ave.**	**Swansea**	**MA**	**02777**
Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
Elizabeth T. Perkowski	**36 Riverview Ave.**	**Swansea**	**MA**	**02777**
Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
20,000	**Common**	**No Par**

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: **Charles R. Perkowski** — Date: 1/21/21

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED

FEB 01 2021 KM

BY 52838

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