



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

F.I. - D  
 FEB 10 2021  
 B' - 3784 DS

**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 70579		2. Exact name of the Corporation All Star Adhesive Products, Inc.			
3. Principal Office Address c/o Gaschen Law Offices, 180 Little Pond County Road			City Cumberland	State RI	Zip 02864-2824
4. NAICS Code 424120		6. Brief description of the character of business conducted in Rhode Island Design and sale of adhesive products			
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 J. Murphy			Vice-President Name Ann Murphy		
Street Address 30 Cutler Street, Unit 106			Street Address 30 Cutler Street, Unit 106		
City Warren	State RI	Zip 02885-2750	City Warren	State RI	Zip 02885-2750
Secretary Name Ann Murphy			Treasurer Name Ann Murphy		
Street Address 30 Cutler Street, Unit 106			Street Address 30 Cutler Street, Unit 106		
City Warren	State RI	Zip 02885-2750	City Warren	State RI	Zip 02885-2750
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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	CLASS/SERIES	PAR VALUE
			100	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. <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 J. Murphy				Date 1-28-21	
Signature of Authorized Representative 					