



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000045588

2. Name of Corporation SOLO CUP OPERATING CORPORATION

3. Street Address Principal Business Office:

No. and Street: 500 HOGSBACK ROAD

City or Town: MASON

State: MI

Zip: 48854

Country: USA

4. Business Phone No.

5. State of Incorporation

State: DE

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

326199

6. Brief Description of the Character of Business Conducted in Rhode Island

MANUFACTURING OF DISPOSABLE CUPS AND PLATES.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	FRANCIS LIESMAN II	500 HOGSBACK ROAD MASON, MI 48854 USA
CEO	JAMES D LAMMERS	500 HOGSBACK ROAD

		MASON, MI 48854 USA
CFO	CHRISTINE WALTZ	500 HOGSBACK ROAD MASON, MI 48854 USA
PRESIDENT/DIRECTOR	ROBERT C. DART	C/O: ROBERT C. DART, TRUSTEE P.O. BOX 30229 GRAND CAYMAN, CI KY1-1206 CI
DIRECTOR	KENNETH DART	PO BOX 31300 GRAND CAYMAN, CI KY1-1206 CI
DIRECTOR	MARK VANDEVELDE	10 MARKET STREET #772 GRAND CAYMAN, CI KY1-9006 CI
DIRECTOR	JAMES LAMMERS	500 HOGSBACK ROAD MASON, MI 48854 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.0500	1,000.00	100

9. 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.

Signed this 17 Day of February, 2021 at 9:55:38 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By FRANCIS LIESMAN II
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2021 State of Rhode Island
All Rights Reserved