RI SOS Filing Number: 202197790490 Date: 6/2/2021 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

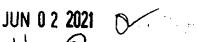
Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1



1. Entity ID Number	Entity ID Number 2. Exact name of the Corporation						
000156186		PLASTIC SERVICES ENTERPRISES INC.					
3. Principal Office Address			City		State	Zip	
100 NIANTIC AVENUE			PROVIDEN	NCE	RI	02907	
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island					
424410	RETAILIN	RETAILING PLASTIC PRODUCTS					
5. State of Incorporation							
RI							
7. List ALL officers (names a	Check the box to indicate an attachment						
President Name JOSE D GENERE			Vice-President Name				
Street Address 14 INDEPENDENCE DRIVE			Street Address				
City WARWICK	State RI	^{Zip} 02888	City		State	Zip	
Secretary Name FRANCIS D BAEZ			Treasurer Name JOSE D GENERE				
Street Address 14 INDEPENDENCE DRIVE			Street Address 14 INDEPENDENCE				
City WARWICK	State RI	^{Zip} 02888	City WARWICK		State RI	^{Żip} 02888	
8. List ALL directors (names	and addresses)	<u> </u>	<u> </u>	Che	eck the box to indi	cate an attachment	
Director Name			Director Name	3		_	
Street Address			Street Address				
City	State	Zip	City		State Zip		
O.C.	State	المارية المارية	City		State	[2,6	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	10. Shares Iss		ed Check the box to indicate an attachment		cate an attachment		
This Information is currently of record in the			NUMBER OF SHARES		C: ASS/SFRIES PAR VALUE		
Department of State.		0		STK		.01	
Changes require an additiona	I filing.					<u></u>	
11. This report must be exec	uted on behalf of the	e corporation by an a	authorized repres	sentative. If the co	rporation is in the	hands of a receiver or	
trustee, this report must be e							
Under penalty of perjury, I statements, and that all sta			•	including any acc	companying sch	edules and	
Name of Authorized Represe		Date					
JOSE D. GENERE			5/26/2021				
Signature of Authorized Rep	resentative						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov