RI SOS Filing Number: 202326324910 Date: 1/20/2023 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

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BUS SVCS DIV
2023 JAN 17 PM 2:47

1. Entity ID Number	2. Exact name of the Corporation			
000014640	ARTHUR J. KAUFMAN SALES COMPANY			
3. Principal Office Address		City	State	Zip
261 NARRAGANSETT PARK DRIVE		EAST PROVIDENCE	RI	02916
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
322230	to buy, manufacture and sell disposable paper products			
5. State of Incorporation				
Rhode Island				

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

President Name: Arthur J. Kaufman			Vice-President Name: Arthur J. Kaufman		
Street Address: 92 North Road			Street Address: 92 North Road		
City: Saunderstown	State: RI	Zip: 02874	City: Saunderstown	State: RI	Zip: 02874
Secretary Name: Arthur J. Kaufman			Treasurer Name: Arthur J. Kaufman		
Street Address: 92 North Road			Street Address: 92 North Road		
City: Saunderstown	State: RI	Zip: 02874	City: Saunderstown	State: RI	Zip: 02874

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

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

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
1,000	CNP	$0.00

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	Date
Peter J. Furness, Esquire	1/4/23

Signature of Authorized Representative: PJF

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

FILED
JAN 17 2023
BY ML 8W6KD

FORM 630 - Revised: 11/2021