



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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 DEPT. OF STATE
 BUS SVCS DIV

2023 FEB -6 AM 57

1. Entity ID Number 000870297		2. Exact name of the Corporation ATLAS PAPER & PLASTICS CORPORATION			
3. Principal Office Address 98 LOG ROAD		City HARRISVILLE		State RI	Zip 02830
4. NAICS Code 424990		6. Brief description of the character of business conducted in Rhode Island SELLS PAPER AND PLASTIC PRODUCTS FOR FOOD SERVICE AND RETAIL			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVID LOSARDO			Vice-President Name		
Street Address 98 LOG ROAD			Street Address		
City HARRISVILLE	State RI	Zip 02830	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			100	COMMON	.01
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 DAVID LOSARDO				Date 2/1/2023	
Signature of Authorized Representative <i>David Losardo</i>				FILED	

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

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 BY *[Signature]* 3DX56
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