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State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2023 Corporation

→ Filing period: February 1 - May 1

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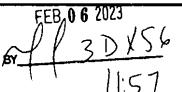
| → Filing Fee: \$50.00  → Penalty: Additional \$25.00 fee if form is not filed by May 31. |   |   |                  |   | 7073 FFR _L         | ^ <i>(</i>                |  |
|--|---|---|------------------|---|---------------------|---------------------------|--|
| 1. Entity ID Number 000870297  |   | 2 Exact name of the Corporation  ATLAS PAPER & PLASTICS CORPORATION |                  |   |                     |                           |  |
| 3. Principal Office Address<br>98 LOG ROAD   |   |   | City<br>'HARRIS' | VILLE                                   | State<br>RI         | Z:p<br>02830              |  |
| 4. NAICS Code  | 6. Brief description of the character of business conducted |   |                  |   | ode Island          |                           |  |
| 424990   | SELLS P   | SELLS PAPER AND PLASTIC PRODUCTS FOR FOOD SERVICE AND               |                  |   |                     |                           |  |
| 5. State of Incorporation RI   | RETAIL  |   |                  |   |                     |                           |  |
| 7. List ALL officers (names and a  | iddresses)  |   | <del>-</del>     |   | heck the box to in  | dicate an attachment      |  |
| President Name DAVID LOSA  | Vice-President Name   |   |                  |   |                     |                           |  |
| Street Address 98 LOG ROAL   | Street Address  |   |                  |   |                     |                           |  |
| <sup>City</sup> HARRISVILLE  | State RI  | <sup>Z<sub>10</sub></sup> 02830                                     | City             | ly                                      |                     | Zρ                        |  |
| Secretary Name   | Treasurer   |   |                  | Nanie                                   |                     |                           |  |
| Street Address   |   |   | Street Address   |   |                     |                           |  |
| City   | State   | Zic   | City             |   | State               | Z·o                       |  |
| 8 List ALL directors (names and  | addresses)  | <u> </u>  |                  | C                                       | heck the hox to in  | Idicate an attachment     |  |
| Director Name  | Director Name   |   |                  |   |                     |                           |  |
| Street Acdress   | Street Address  |   |                  |   |                     |                           |  |
| City   | State   | Zip   | City             |   | State               | Zip                       |  |
| Director Name  |   | <u>_</u>  | Director Name    | e                                       |                     |                           |  |
| Street Address   | Counting  |   |                  |   |                     |                           |  |
| Sireer Accress   | Street Address  |   |                  |   |                     |                           |  |
| City   | State   | Zıp   | City             |   | State               | Zip                       |  |
| 9. Shares Authorized   | <u>.</u>  | 10. Shares Issued   |                  | Check the box to indicate an attachment |                     |                           |  |
| This information is currently of red<br>Department of State.                             |   |   | F SHARES CLASS-S |   |                     | PAR VALUE                 |  |
| Changes require an additional filing.  |   | 100   |                  | COMMON                                  |                     | .01                       |  |
|  |   |   |                  |   |                     | `                         |  |
| 11. This report must be executed trustee, this report must be executed                   |   |   |                  |   | corporation is in t | he hands of a receiver of |  |
| Under penalty of perjury, I dec  | lare and affirm   | hat I have examine  | ed this report,  |   | ccompanying so      | chedules and              |  |
| <u>statements, and that all statem</u><br>Name of Authorized Representat                 | u correct.  |   | Date             |   |                     |                           |  |
| DAVID LOSARDO  |   |   | 2/1/202          | 23                                      |                     |                           |  |
| Signature of Authorized Represe  | entative ()   |   | FILED            |   | L                   |                           |  |
| James Troso  | inds  |   | CER OF 20        | 199                                     |                     | · •                       |  |

MAIL TO:

**Division of Business Services** 

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Editoria viscoi fil/2021