



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 03 2023
 BY 1273
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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.

1. Entity ID Number 6954		2. Exact name of the Corporation Forms Plus, Inc.			
3. Principal Office Address 55 New England Way			City Warwick	State RI	Zip 02886
4. NAICS Code 453210		6. Brief description of the character of business conducted in Rhode Island Business forms			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jeffrey Sisson			Vice-President Name Donna Sission		
Street Address 55 New England Way			Street Address 55 New England Way		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Jeffrey Sisson			Treasurer Name Donna Sission		
Street Address 55 New England Way			Street Address 55 New England Way		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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	CLASS/SERIES	PAR VALUE
			100	common	no par
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. <i>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.</i>					
Name of Authorized Representative JEFFREY SISSON					Date 2/1/23
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov