



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
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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| | | | |
|--|--------------------|--|----------------------------|
| 1. Entity ID Number 39192 | | 2. Exact name of the Corporation PPM INDUSTRIES, LTD. | |
| 3. Principal Office Address 4 CEDAR MEADOWS DRIVE | | City SMITHFIELD | State RI |
| 4. NAICS Code 812990 | | Zip 02917 | |
| 5. State of Incorporation RI | | 6. Brief description of the character of business conducted in Rhode Island METALS BROKER/DEALER | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name GERARD J. PASSARO | | Vice-President Name | |
| Street Address 56 HERON STREET | | Street Address | |
| City LONG BEACH | State NY | Zip 11561 | |
| Secretary Name | | Treasurer Name | |
| Street Address | | Street Address | |
| 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 | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| 9. Shares Authorized 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. | | 10. Shares Issued | |
| | | NUMBER OF SHARES 8000 | CLASS/SERIES STK |
| | | PAR VALUE 0 | |
| 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 GERARD PASSARO | | Date 01/31/2023 | |
| Signature of Authorized Representative | | | |
| FILED | | | |

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

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BY AGK6xy

FORM 630 - Revised: 11/2021