



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

 RECEIVED
 R.I. DEPT. OF STATE
 FOLLOWED

2023 JUN 12 A 11:18

1. Entity ID Number 138874		2. Exact name of the Corporation ShrinkPro, Inc.												
3. Principal Office Address 614 Tremont St.			City Taunton	State MA	Zip 02780									
4. NAICS Code 488991		6. Brief description of the character of business conducted in Rhode Island Industrial and Commercial ShrinkWrapping Service												
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 Brent Warish			Vice-President Name Brent Warish											
Street Address 614 Tremont St.			Street Address 614 Tremont St.											
City Taunton	State MA	Zip 02780	City Taunton	State MA	Zip 02780									
Secretary Name Brent Warish			Treasurer Name Brent Warish											
Street Address 614 Tremont St.			Street Address 614 Tremont St.											
City Taunton	State MA	Zip 02780	City Taunton	State MA	Zip 02780									
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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>8,000</td> <td>STK</td> <td>\$0.000</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	8,000	STK	\$0.000			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
8,000	STK	\$0.000												
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 Brent M. Warish				Date June 12, 2023										
Signature of Authorized Representative 														

 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

 JUN 12 2023
 BY **8NVNS**
 AA. 11:13AM.

FORM 630 - Revised: 10/2017