



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  
CORPORATION

2023 JUN 12 A 11:18

1. Entity ID Number <b>138874</b>		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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		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

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BY 87VNS  
AA. 11:13AM.

FORM 630 - Revised: 10/2017