RI SOS Filing Number: 202443822610 Date: 1/8/2024 4:00:00 PM

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|---|--|---------------------------|---|-----------------|---|-----------------|--|
| State of shode Island Department of State - Business Services Division FILED | | | | | | | |
| Annual Report for the year: | MAISIOII | FILED | | | | | |
| Corporation - | | JAN 08 2024 | | | | | |
| Filing period: February 1 - | 22215 | | | | | | |
| → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. | | | | | | | |
| 1. Entity ID Number | | f the Corporation | | | | | |
| 24138 | DREW PALLET CO., INC. | | | | | | |
| 3. Principal Office Address | | | City | | State | Zip | |
| P.O. Box 7267/40 Pevear Avenue | | | Warwic | k | RI | 02887-000 | |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island manufacturing of pallets | | | | | | |
| 321920 | manusacturing of patiets | | | | | | |
| State of Incorporation RI | | | | | | | |
| | | | | | | | |
| 7. List ALL officers (names and addresses) President Name Check the box to indicate an attack Vice-President Name | | | | | | an attachment L | |
| Gregg A. Drew | | | David R. Duquette Street Address | | | | |
| Street Address 86 Pamela Court | | | 86 Pamela Court | | | | |
| City Saunderstown | State RI | Z:p 02874- | City Saunde | erstown | State RI | Zip 02874- | |
| Secretary Name Gregg A. Drew | | | Treasurer Name Gregg A. Drew | | | | |
| | | | | eet Address | | | |
| 86 Pamela Court | 10 | T- · | 86 Pamela Court | | | | |
| City Saunderstown | State RI | Z _{IP} 02874- | City Saunde | erstown | State RI | Zip 02874- | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name | | | | | | | |
| Director Name Gregg A. Drew | | | none | | | | |
| Street Address 86 Pamela Court | | | Street Address none | | | | |
| City Saunderstown | State RI | Zip 02874- | City none | | State none | Zip none | |
| Director Name | | | | Director Name | | | |
| Street Address | | | Street Address | | | | |
| none City | State | Zip | none St | | State | Ζιρ | |
| none | none | none | none | | none | попе | |
| 9. Shares Authorized This information is currently of record in the | | | 10. Shares Issued Check th NUMBER OF SMARES CLASS/SE | | e box to indicate an attachment RIES PAR VALUE | | |
| Department of State. | | 100 | | Common | | | |
| Changes require an additional filing. | | | | | - | | |
| 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 Representativ | correct. | Date | | | | | |
| Gregg A. Drew | regg A. Drew Presid | | | January 2, 2024 | | ry 2, 2024 | |
| 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