



State of Rhode Island
Department of State - Business Services Division

FEB 01 2024

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Annual Report for the year: 2024

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 000001539		2. Exact name of the Corporation ATLAS BARREL AND PALLET, INC.			
3. Principal Office Address 50 Old Mill Street			City Harrisville	State RI	Zip 02830
4. NAICS Code 321999		6. Brief description of the character of business conducted in Rhode Island Manufacturing, recycling and repairing pallets			
5. State of Incorporation: RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Heather E. Ross			Vice-President Name Earl E. Handrigan		
Street Address 14 Elna Drive			Street Address 196 Rocky Hill Road		
City Smithfield	State RI	Zip 02917	City Scituate	State RI	Zip 02857
Secretary Name Heather E. Ross			Treasurer Name Earl E. Handrigan		
Street Address 14 Elna Drive			Street Address 196 Rocky Hill Road		
City Smithfield	State RI	Zip 02917	City Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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		CLASSIFICATIONS	PAR VALUE
		2	Voting	No Par Value	
		198	non-Voting	No Par Value	
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 Heather E. Ross, President				Date 1/8/24	
Signature of Authorized Representative <i>Heather E. Ross</i>					

MAIL TO:
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Website: www.sos.ri.gov