



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: \_\_\_\_\_

Corporation \_\_\_\_\_

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAR 20 2024

5176 02

1. Entity ID Number 000102613	2. Exact name of the Corporation Premier Plastic Products Inc
----------------------------------	--

3. Principal Office Address 123 Johnson rd	City Foster	State RI	Zip 02825
---	----------------	-------------	--------------

4. NAICS Code 238190	6. Brief description of the character of business conducted in Rhode Island Plastic footings for decks, sheds, barns, run-in sheds...
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name Albert Carmone	Vice-President Name Denise Melucci
Street Address 40 Merino Ave	Street Address 123 Johnson Rd
City Johnston	City Foster
State RI	State RI
Zip 02825	Zip 02825

Secretary Name Linda Carmone	Treasurer Name Linda Carmone
Street Address 40 Merino Ave	Street Address "
City Johnston	City
State RI	State
Zip 02919	Zip

8. List ALL directors (names and addresses) Check the box to indicate an attachment

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment

This information is currently of record in the Department of State.  Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	8000		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 	Date 3/14/24
---------------------------------------	-----------------

Signature of Authorized Representative