



State of Rhode Island
Department of State - Business Services Division

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.

REC'D 2025 FEB
24 PM 1:44

1. Entity ID Number 000019976		2. Exact name of the Corporation PLASTICS PLUS, INC.			
3. Principal Office Address One Hatch Street, PO Box 7129		City Cumberland		State RI	Zip 02864
4. NAICS Code 337215	6. Brief description of the character of business conducted in Rhode Island Manufacturer of point of purchase displays				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Daniel J. Smalley, Sr.			Vice-President Name Daniel J. Smalley, Sr.		
Street Address 51 Abbott Street			Street Address 51 Abbott Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Daniel J. Smalley, Sr.			Treasurer Name Daniel J. Smalley, Sr.		
Street Address 51 Abbott Street			Street Address 51 Abbott Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 Check the box to indicate an attachment ☐					
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 ☐		
			NUMBER OF SHARES 1000	CLASS/SERIES CNP	PAR VALUE 0.00
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 Daniel J. Smalley, Sr.				Date 4/15/24	
Signature of Authorized Representative FILED					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904 2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

APR 24 2024

BY JC JQP

A-R

FORM 650 (Revised 12/2023)