



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.

FILED

MAY 8 6 2024

BY

17532

1. Entity ID Number (X) 17532		2. Exact name of the Corporation Continental Plastics & Packaging, Inc	
3. Principal Office Address 21 Powder Hill Rd		City Lincoln	State RI
		Zip 02865	
4. NAICS Code 325211	6. Brief description of the character of business conducted in Rhode Island Manufacturing and distribution of packaging materials for seafood and produce		
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 Brian Cabral		Vice-President Name None	
Street Address 21 Powder Hill Rd		Street Address	
City Lincoln	State RI	Zip 02865	
Secretary Name None		Treasurer Name None	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name John Conley		Director Name None	
Street Address 21 Powder Hill Rd		Street Address	
City Lincoln	State RI	Zip 02865	
Director Name Suzanne Conley		Director Name None	
Street Address 21 Powder Hill Rd		Street Address	
City Lincoln	State RI	Zip 02865	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES 5000	CLASS/SERIES Common Stock
		PAR VALUE 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 Suzanne Conley		Date 4/29/2024	
Signature of Authorized Representative <i>Suzanne Conley</i>			

MAIL TO:  
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