



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) 144536		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) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Brian Cabral		Vice-President Name None												
Street Address 21 Powder Hill Rd		Street Address												
City Lincoln	State RI	Zip 02865	City	State	Zip									
Secretary Name None		Treasurer Name None												
Street Address		Street Address												
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name John Conley		Director Name None												
Street Address 21 Powder Hill Rd		Street Address												
City Lincoln	State RI	Zip 02865	City	State	Zip									
Director Name Suzanne Conley		Director Name None												
Street Address 21 Powder Hill Rd		Street Address												
City Lincoln	State RI	Zip 02865	City	State	Zip									
9. Shares Authorized 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 <input type="checkbox"/>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>5000</td><td>Common Stock</td><td>No par value</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	5000	Common Stock	No par value			
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5000	Common Stock	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:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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Website: www.sos.ri.gov