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State of Rhode Island
Department of State - Business Services Division

FIELD
JAN 31 2025
BY 2870 02

Annual Report for the year: 2025
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	2. Exact name of the Corporation			
000010989	PAPERWORKS. INC.			
3. Principal Office Address		City	State	Zip
1495 NEWPORT AVE.		PAWTUCKET	R.I.	02861
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
424110	PURCHASE, SALE AND DISTRIBUTION OF PAPER GOODS AND OFFICE SUPPLIES, WHOLESALE OR RETAIL			
5. State of Incorporation				
R.I.				

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

President Name PAUL A. PERKOWSKI			Vice-President Name ELIZABETH T. PERKOWSKI		
Street Address 36 RIVERVIEW AVE.			Street Address 36 RIVERVIEW AVE.		
City SWANSEA	State MA	Zip 02777	City SWANSEA	State MA	Zip 02777
Secretary Name PAUL A. PERKOWSKI			Treasurer Name ELIZABETH T. PERKOWSKI		
Street Address 38 RIVERVIEW AVE.			Street Address 36 RIVERVIEW AVE.		
City SWANSEA	State MA	Zip 02777	City SWANSEA	State MA	Zip 02777

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

Director Name PAUL A. PERKOWSKI			Director Name CHARLES R. PERKOWSKI		
Street Address 36 RIVERVIEW AVE.			Street Address 110 WILLIAM HENRY RD.		
City SWANSEA	State MA	Zip 02777	City N. SCITUATE	State R.I.	Zip 02857
Director Name ELIZABETH T. PERKOWSKI			Director Name WILLIAM P. PERKOWSKI		
Street Address 36 RIVERVIEW AVE.			Street Address 36 NORTH DR.		
City SWANSEA	State MA	Zip 02777	City MIDDLETOWN	State R.I.	Zip 02842

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	$1.00

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: PAUL A. PERKOWSKI, PRES.

Date: 1.28.25

Signature of Authorized Representative

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

FORM 630- Revised: 12/2023