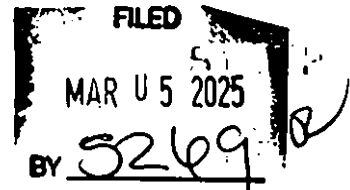




State of Rhode Island
Department of State - Business Services Division

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 <u>000102613</u>		2. Exact name of the Corporation <u>Premier Plastic Products Inc</u>	
3. Principal Office Address <u>123 Johnson Rd</u>		City <u>Foster</u>	State <u>RI</u>
4. NAICS Code <u>238190</u>		6. Brief description of the character of business conducted in Rhode Island <u>Plastic footings for decks + sheds</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Linda Carmone</u>		Vice-President Name <u>Albert Carmone</u>	
Street Address <u>40 Merino Ave</u>		Street Address <u>40 Merino Ave</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	State <u>RI</u>
Zip <u>02825</u>		Zip <u>02825</u>	
Secretary Name <u>Denise Melucci</u>		Treasurer Name <u>Linda Carmone</u>	
Street Address <u>123 Johnson Rd</u>		Street Address <u>"</u>	
City <u>Foster</u>	State <u>RI</u>	City <u>"</u>	State <u>"</u>
Zip <u>02825</u>		Zip <u>"</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name <u>Linda Carmone</u>		Director Name <u>Albert Carmone</u>	
Street Address <u>"</u>		Street Address <u>"</u>	
City <u>"</u>	State <u>"</u>	City <u>"</u>	State <u>"</u>
Zip <u>"</u>		Zip <u>"</u>	
Director Name <u>Denise Melucci</u>		Director Name <u>"</u>	
Street Address <u>"</u>		Street Address <u>"</u>	
City <u>"</u>	State <u>"</u>	City <u>"</u>	State <u>"</u>
Zip <u>"</u>		Zip <u>"</u>	
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 <u>8000</u>	CLASS/SERIES <u>"</u>
		PAR VALUE <u>0</u>	
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 <u>Linda Carmone</u>		Date <u>2/26/25</u>	
Signature of Authorized Representative <u>Linda Carmone</u>			

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