State of Rhode Island
Department of State - Business Services Division

FILED
MAR 05 2025
BY 5269

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		
000102613	Premier Plastic Products Inc		
3. Principal Office Address	**City**	**State**	**Zip**
123 Johnson Rd	Foster	RI	02825
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
238190	Plastic footings for decks + Sheds		
5. State of Incorporation			
RI			

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

President Name	Vice-President Name
Linda Carmone	Albert Carmone
Street Address: 40 Merino Ave	Street Address: 40 Merino Ave
City: Johnston; State: RI; Zip: 02919	City: Johnston; State: RI; Zip: 02919
Secretary Name: Denise Melucci	Treasurer Name: Linda Carmone
Street Address: 123 Johnson Rd	Street Address: "
City: Foster; State: RI; Zip: 02825	City: ; State: ; Zip:

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

Director Name	Director Name
Linda Carmone	Albert Carmone
Street Address: "	Street Address: "
City: ; State: ; Zip:	City: ; State: ; Zip:
Director Name: Denise Melucci	Director Name:
Street Address: "	Street Address:
City: ; State: ; Zip:	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
8000		0

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	Date
Linda Carmone	2/26/25

Signature of Authorized Representative: Linda Carmone

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