



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.

FILED
APR 09 2025
BY 36184

1. Entity ID Number 000019976		2. Exact name of the Corporation PLASTICS PLUS, INC.			
3. Principal Office Address One Hatch Street, PO Box 7129		City Cumberland		State RI	Zip 02864
4. NAICS Code 337215	6. Brief description of the character of business conducted in Rhode Island Manufacturer of point of purchase displays				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Daniel J. Smalley, Sr.			Vice-President Name Daniel J. Smalley, Sr.		
Street Address 51 Abbott Street			Street Address 51 Abbott Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Daniel J. Smalley, Sr.			Treasurer Name Daniel J. Smalley, Sr.		
Street Address 51 Abbott Street			Street Address 51 Abbott Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 1000	CLASS/SERIES CNP	PAR VALUE 0.00
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 Daniel J. Smalley, Sr.					Date 3/27/25
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov