



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 04 2019

4436

1. Entity ID Number 52718		2. Exact name of the Corporation FRI Resins Holding Company			
3. Principal Office Address 21 Starline Way			City Cranston	State RI	Zip 02921
4. NAICS Code 551111		6. Brief description of the character of business conducted in Rhode Island Realty holding company			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael A. Harrington			Vice-President Name Paul C. Harrington		
Street Address 21 Starline Way			Street Address 21 Starline Way		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Paul C. Harrington			Treasurer Name Michael A. Harrington		
Street Address 21 Starline Way			Street Address 21 Starline Way		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael A. Harrington			Director Name Paul C. Harrington		
Street Address 21 Starline Way			Street Address 21 Starline Way		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			6720	common	no par
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 Michael Harrington					Date 1/28/2019
Signature of Authorized Representative 					SEEK DOCUMENT HERE

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