



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
(401) 222-3000

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

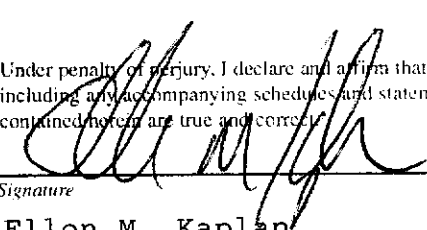
Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 1396		2. Name of Corporation ARTISTIC LABEL COMPANY, INC.			
3. Street Address Principal Business Office 60 Gilbane Street			City Warwick	State RI	Zip 02886
4. Business Phone No. (401) 737-0666		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Manufacturing of labels					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ellen M. Kaplan			Vice President Name Same		
Street Address 766 Slocum Rd.			Street Address		
City Saunderstown	State RI	Zip 02874	City	State	Zip
Secretary Name Same			Treasurer Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Ellen M. Kaplan			Director Name Nelson A. Kaplan		
Street Address 766 Slocum Rd.			Street Address 60 Gilbane St.		
City Saunderstown	State RI	Zip 02874	City Warwick	State RI	Zip 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 Comm No Par Value			700	common	no par value

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.

FILED	
File Date	JAN 25 2008
Check No.	By DS 25773
By:	
FOR SECRETARY OF STATE USE ONLY	

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.

Signature  Date **1/22/08**
Ellen M. Kaplan
Print or Type Name
President
Title