



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  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010**

**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(c), 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. 95162		2. Name of Corporation GRAPHIC INK, INCORPORATED			
3. Street Address Principal Business Office 629 Warren Avenue			City East Providence	State RI	Zip 02914
4. Business Phone No. 401-351-5801		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island DEAL IN ALL KINDS OF SCREEN PRINTING, IMAGE APPAREL AND EMBROIDERY AND ARTICLES MADE THEREFROM					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Nelson M. Silva			Vice President Name M. Hilda Allienello		
Street Address 216 Summit Street			Street Address 23 Slocum Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Nelson M. Silva			Treasurer Name M. Hilda Allienello		
Street Address 216 Summit Street			Street Address 23 Slocum Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			1,000		NO PAR

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.

File Date	<b>FILED</b>
Check No.	FEB 02 2010
By:	BV 4518
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.

*Nelson M. Silva* President/27/10  
Signature Date

Nelson M. Silva  
Print or Type Name  
President  
Title