



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 95162		2. Exact name of the Corporation Graphic Ink, Incorporated			
3. Principal office address 629 Warren Avenue			City East Providence	State RI	Zip 02914
4. Business Phone No. 401-431-5801		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. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Nelson M. Silva			Vice-President Name M. Hilda Allienello		
Street Address 198 Chestnut Street			Street Address 23 Slocum		
City Rehoboth	State MA	Zip 02769	City East Providence	State RI	Zip 02914
Secretary Name Nelson M. Silva			Treasurer Name M. Hilda Allienello		
Street Address 198 Chestnut Street			Street Address 23 Slocum		
City Rehoboth	State MA	Zip 02769	City East Providence	State RI	Zip 02914
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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 checked="" 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.			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.

FILED

FEB 12 2013

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 2-6-13
 Signature of Authorized Representative Date

Nelson M. Silva

Print or Type Name of Authorized Representative

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

CH # 3605