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 2014

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.	2. Exact name of the Corporation
121280	E. P. MAIL & FREIGHT, INC.

3. Principal office address	City	State	Zip
500 WATERMAN AVENUE	EAST PROVIDENCE	RI	02914

4. Business Phone No.	5. State of Incorporation
4014389797	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
shipping, packaging, mailing, rent mail boxes, copying services

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
LIDIA M. JANUARIO	169 HAMMOND STREET	SEEKONK	MA	02771

Vice-President Name	Street Address	City	State	Zip
JOHN C. JANUARIO	169 HAMMOND STREET	SEEKONK	MA	02771

Secretary Name	Street Address	City	State	Zip
LIDIA M. JANUARIO	169 HAMMOND STREET	SEEKONK	MA	02771

Treasurer Name	Street Address	City	State	Zip
JOHN C. JANUARIO	169 HAMMOND STREET	SEEKONK	MA	02771

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
LIDIA M. JANUARIO	169 HAMMOND STREET	SEEKONK	MA	02771

Director Name	Street Address	City	State	Zip
JOHN C. JANUARIO	169 HAMMOND STREET	SEEKONK	MA	02771

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

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SECRETARY OF STATE
CORPORATIONS DIV

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	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.

File Date
Check No. 2876
By:
FOR SECRETARY OF STATE USE ONLY

FILED
MAR 0 3 2014
BY 218933

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.

Lidia M. Januario 1-13-14
Signature of Authorized Representative Date

LIDIA M. JANUARIO
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012