



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 **2016**

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. 112878		2. Exact name of the Corporation I/O Labs, Inc.			
3. Principal office address 321 South Main Street Suite 301			City Providence	State RI	Zip 02903
4. Business Phone No. 401-274-0300		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Digital Graphics Service including but not limited to communication design and prepress production					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Edward C. Peffer			Vice-President Name Edward C. Peffer		
Street Address 199 Anthony Street			Street Address 199 Anthony Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Edward C. Peffer			Treasurer Name Edward C. Peffer		
Street Address 199 Anthony Street			Street Address 199 Anthony Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Edward C. Peffer			Director Name		
Street Address 199 Anthony Street			Street Address		
City East Providence	State RI	Zip 02914	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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	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 _____

Check No _____

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.

Edward C. Peffer 1-27-2016
 Signature of Authorized Representative Date

Edward C. Peffer, President

Print or Type Name of Authorized Representative

FILED
 FEB 10 2016
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