



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 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. NAICS Code 31-33 - Manufacturing	6. Brief description of the character of business conducted in Rhode Island Deals in all kinds of screen printing, image apparel and embroidery of articles made therefrom		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses)			
President Name Nelson M. Silva		Vice-President Name M. Hilda Allienello	
Street Address 198 Chestnut Street		Street Address 23 Slocum Street	
City Rehoboth	State MA	City East Providence	State RI
	Zip 02769		Zip 02914
Secretary Name Nelson M. Silva		Treasurer Name M. Hilda Allienello	
Street Address 98 Chestnut Street		Street Address 23 Slocum Street	
City Rehoboth	State MA	City East Providence	State RI
	Zip		Zip 02914
8. List ALL directors (names and addresses)			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. Shares Authorized			
This information is currently of record in the Department of State.			
Changes require an additional filing.			
10. Shares Issued			
NUMBER OF SHARES		CLASS/SERIES	
1,000		NO PAR	
11. 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.			
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.			
Name of Authorized Representative Nelson M. Silva		Date 1/17/17	
Signature of Authorized Representative 		FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 23 2017

BY

2914