(19)	State of Knode	isiand	ı ar
	Departmen	t of	St

Annual Report for the year:

na Providence Plantations tate - Business Services Division

Corporation	2	2017	_						
→ Filing period: January 1 - M → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe		iled by April 1.							
1. Entity ID Number							=		
1. Entity ID Number	2. Exact name of the Corporation								
132373	Barlo	Signs Int		al, Inc	State	Zip	_		
3. Principal Office Address		_	City	_		•			
100 North Stanton,				Paso	TX	79901			
4. NAICS Code	Brief descript	ion of the charact	er of business conducted in Rhode Island						
5. State of Incorporation	sale, ins	stallation	and maintenance of signage						
ТX									
7. List ALL officers (names and add	iresses)				ck the box to indi	cate an attachment L			
President Name			Vice-President Name						
Arthur Bartl	ett		Street Addre	Street Address					
Street Address	dress 158 Greeley Street			Street Address					
City 736 Gleeley	State	Zip	City		State	Zip	_		
Hudson	NH	03051							
Secretary Name		Tre		Treasurer Name					
Pamela Bartlett			Pamela Bartlett						
Street Address			Street Address 158 Greeley Street						
158 Greeley	Street State	Zip	City	Leelen Prie	State	^{Zip} 03051	_		
Hudson	NH	03051	Hudso		NH				
8. List ALL directors (names and ac	ldresses)				ck the box to indi	cate an attachment	<u> </u>		
Director Name			Director Nar	ne					
Street Address			Street Address						
City	State	Zip	City	City		Zip			
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	City		State	Zip	_		
9. Shares Authorized	<u></u>	10. Shares Iss	ued	Che	ck the box to indi	k the box to indicate an attachment			
This information is currently of recor	d in the	NUMBER OF		CLASS/SE	RIES	PAR VALUE	_		
Department of State.		1000		common	\$	1.00			
Changes require an additional filing.							_		
11. This report must be executed or	n habalf of the ac	moration by an a	uthorized rent	resentative If the co	rporation is in the	hands of a receiver of	_ or		
trustee, this report must be execute	ed on behalf of the	e corporation by t	the receiver or	trustee		***			
Under penalty of perjury, I declar	re and affirm tha	t i have examine	ed this report	, including any acc	ompanying sch	edules and			
statements, and that all statemen		erein are true an	d correct.		Date		_		
Name of Authorized Representative Pamela Cariter					2/14	1 1			
Signature of Authorized Representation of Authorized Representation	ative	(**) H							
MAIL TO:	Litt!	CED	2 2 2017				_		
		Pr 94 M	7 M /III/						

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov