



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: \$30.00

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

1. Entity ID Number <b>31934</b>		2. Exact name of the Corporation <b>PROVIDENCE LABEL &amp; TAG CO.</b>			
3. Principal Office Address <b>315 Harris Avenue</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
4. NAICS Code <b>42 - Wholesale Trade</b>		6. Brief description of the character of business conducted in Rhode Island <b>Engaging in the printing business.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Thomas H. Moran</b>			Vice-President Name <b>James F. Pothier</b>		
Street Address <b>315 Harris Avenue</b>			Street Address <b>315 Harris Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
Secretary Name <b>Thomas H. Moran</b>			Treasurer Name <b>Thomas H. Moran</b>		
Street Address <b>315 Harris Avenue</b>			Street Address <b>315 Harris Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Thomas H. Moran</b>			Director Name		
Street Address <b>315 Harris Avenue</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			<b>100</b>	<b>Common</b>	<b>No par value</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Thomas H. Moran</b> <i>Thomas H. Moran</i>				Date <b>2/14/2017</b>	
Signature of Authorized Representative					

FILED

FEB 27 2017

BY 31098305