



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 40301		2. Exact name of the Corporation Kel-Print, Inc.			
3. Principal Office Address 969 Park Avenue			City Cranston	State R.I.	Zip 02920
4. NAICS Code 81		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN ALL TYPES OF PRINTING			
5. State of Incorporation					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PATRICK WELCH			Vice-President Name KELLEIGH WELCH		
Street Address 103 BETTY POND ROAD			Street Address 103 BETTY POND ROAD		
City SCITUATE	State R.I.	Zip 02831	City SCITUATE	State R.I.	Zip 02831
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	COMMON	NO PAR VALUE
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 <i>Kelleigh Welch</i>					Date <i>2/17/17</i>
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov

FEB 27 2017

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FORM 630 - Revised: 10/2016