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	2. Exact name of the Corporation			
54419	INDIGO PRODUCTIONS INC.			
3. Principal Office Address		City	State	Zip
1725 EAGLEVILLE ROAD		TIVERTON	RI	02878
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
71	GRAPHIC DESIGN AND PUBLISHING			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	STEVEN G. GANCARSKI		Vice-President Name	TED GANCARSKI	
Street Address	1725 EAGLEVILLE ROAD		Street Address	1775 EAGLEVILLE ROAD	
City	TIVERTON	State RI Zip 02878	City	TIVERTON	State RI Zip 02878
Secretary Name	TED GANCARSKI		Treasurer Name	STEVEN G. GANCARSKI	
Street Address	1775 EAGLEVILLE ROAD		Street Address	1725 EAGLEVILLE ROAD	
City	TIVERTON	State RI Zip 02878	City	TIVERTON	State RI Zip 02878

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	NONE		Director Name	NONE	
Street Address			Street Address		
City		State Zip	City		State Zip
Director Name	NONE		Director Name	NONE	
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500	COMMON	NONE

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: STEVEN G. GANCARSKI — Date: 2/24/17

Signature of Authorized Representative: Steven G. Gancarski

FILED
FEB 27 2017
BY 49505

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

FORM 630 - Revised: 02/2017