RI SOS Filing Number: 201737213930 Date: 3/1/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

STAMP

FOR

→ 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
121280	**E.P. Mail & Freight, Inc.**

3. Principal Office Address	City	State	Zip
500 Waterman Ave	**East Providence**	**RI**	**02914**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
81 - Other Services (except Pul	**Shiping, packaging, mailing, rent mail boxes and copying services**
5. State of Incorporation	
RI	

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

President Name **Lidia M. Januario**			Vice-President Name **John C. Januario**		
Street Address **169 Hammond St**			Street Address **169 Hammond St**		
City **Seekonk**	State **MA**	Zip **02771**	City **Seekonk**	State **MA**	Zip **02771**
Secretary Name **Lidia M. Januario**			Treasurer Name **John C. Januario**		
Street Address **169 Hammond St**			Street Address **169 Hammond St**		
City **Seekonk**	State **MA**	Zip **02771**	City **Seekonk**	State **MA**	Zip **02771**

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

Director Name **Lidia M. Januario**			Director Name **John C. Januario**		
Street Address **169 Hammond St**			Street Address **169 Hammond St**		
City **Seekonk**	State **MA**	Zip **02771**	City **Seekonk**	State **MA**	Zip **02771**
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**200**	**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: **Lidia M. Januario**

Date: 1/20/17

Signature of Authorized Representative: Lidia M. Januario

SIGN DOCUMENT HERE

FILED
MAR 01 2017
BY 9/8 297199

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: 10/2016