



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.

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1. Entity ID Number 64388		2. Exact name of the Corporation Fine Line Graphics, Inc.			
3. Principal Office Address 90 Douglas Pike, P.O. Box 17370			City Smithfield	State RI	Zip 02917
4. NAICS Code 81 - Other Services (except Pub)		6. Brief description of the character of business conducted in Rhode Island Operation of photoengraving business and manufacture of offset printing plates and sale of same			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James E. Toles			Vice-President Name Ronald Beauregard		
Street Address 5455 W 164th Place			Street Address 35 Ivy Garden Way		
City Stillwell	State KS	Zip 66085	City East Greenwich	State RI	Zip 02818
Secretary Name James E. Toles			Treasurer Name Rondal Beauregard		
Street Address 5455 W 164th Place			Street Address 35 Ivy Garden Way		
City Stillwell	State KS	Zip 66085	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			310	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 Ronald Beauregard, Vice President/Treasurer				Date 2/15/2017	
Signature of Authorized Representative <i>Ronald Beauregard VP</i> SIGN DOCUMENT HERE FILED					

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

MAR 15 2017

By *40914*

FORM 630 - Revised: 10/2016