



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

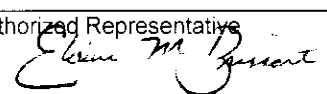
Annual Report for the year: 2017

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 144928		2. Exact name of the Corporation MINIFOLD, INC.	
3. Principal Office Address 9 Warren Avenue		City East Providence	State RI
		Zip 02914	
4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island Finishes and binding for printed material.		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Elaine M. Brissart		Vice-President Name Elaine M. Brissart	
Street Address 9 Warren Avenue		Street Address 9 Warren Avenue	
City East Providence	State RI	City East Providence	State RI
Zip 02914		Zip 02914	
Secretary Name Elaine M. Brissart		Treasurer Name Elaine M. Brissart	
Street Address 9 Warren Avenue		Street Address 9 Warren Avenue	
City East Providence	State RI	City East Providence	State RI
Zip 02914		Zip 02914	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name Elaine M. Brissart		Director Name	
Street Address 9 Warren Avenue		Street Address	
City East Providence	State RI	City	State
Zip 02914		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized Check the box to indicate an attachment ☐			
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 50	CLASS/SERIES Common
		PAR VALUE 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 Elaine M. Brissart, President		Date 3/27/2017	
Signature of Authorized Representative 			

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

FILED**MAR 29 2017****BY****4889 DS**

FORM 630 - Revised: 02/2017