

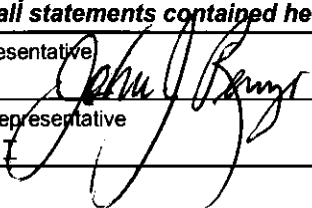
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State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionAnnual Report for the year: 2017
Corporation

→ 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 1663858		2. Exact name of the Corporation GRAPHIC IMPACT SIGNS, INC.			
3. Principal Office Address 575 DALTON AVENUE			City PITTSFIELD	State MA	Zip 01201
4. Business Phone Number 413-499-0382			5. State of Incorporation MA		
6. Brief description of the character of business conducted in Rhode Island SIGNS					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name DANIEL R RENZI			Vice-President Name		
Street Address 818 PARTRIDGE ROAD			Street Address		
City LANESBORO	State MA	Zip 01237	City	State	Zip
Secretary Name			Treasurer Name JOHN J. RENZI		
Street Address			Street Address 145 BALANCE ROCK ROAD		
City	State	Zip	City PITTSFIELD	State MA	Zip 01201
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
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	CWP	1500000	
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 					Date 3-11-17
Signature of Authorized Representative JOHN J. RENZI					

FILED

APR 03 2017

BY

47336

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: 05/2016