



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Corporation2018

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
FOR
SECRETARY OF STATE
USE ONLY

2018 JAN -5 AM 9:40

STAMP

1. Entity ID Number 768456		2. Exact name of the Corporation Strictly Typing Inc.			
3. Principal Office Address 241 New York Ave			City Providence	State RI	Zip 02905
4. NAICS Code 541219		6. Brief description of the character of business conducted in Rhode Island Typing Services			
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 Linda M Morro			Vice-President Name		
Street Address 241 New York Ave			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name Linda M Morro			Treasurer Name Linda M Morro		
Street Address 241 New York Ave			Street Address 241 New York Ave		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Linda M Morro			Director Name		
Street Address 241 New York Ave			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
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.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 100	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 Linda M Morro				Date 1/5/18	
Signature of Authorized Representative <i>[Signature]</i>				FILED	
SIGN DOCUMENT HERE					

JAN 05 2018

BY OK 320198