RI SOS Filing Number: 201855994050 Date: 1/10/2018 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

Annual Report for the year: 2018
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	2. Exact name of the Corporation		
148401	KERRY'S WARWICK PHOTO LTD.		
3. Principal Office Address	City	State	Zip
1944 WARWICK AVENUE	WARWICK	RI	02889
4. NAICS Code: 812921	6. Brief description of the character of business conducted in Rhode Island: PHOTO FINISHING/VIDEO TRANSFER		
5. State of Incorporation: RI			

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

President Name: KERRY A. SHERIDAN			Vice-President Name: KERRY A SHERIDAN		
Street Address: 32 REMY CIRCLE			Street Address: 32 REMY CIRCLE		
City: WARWICK	State: RI	Zip: 02886	City: WARWICK	State: RI	Zip: 02886
Secretary Name: KERRY A. SHERIDAN			Treasurer Name: KERRY A SHERIDAN		
Street Address: 32 REMY CIRCLE			Street Address: 32 REMY CIRCLE		
City: WARWICK	State: RI	Zip: 02886	City: WARWICK	State: RI	Zip: 02886

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

Director Name: KERRY A SHERIDAN			Director Name:		
Street Address: 32 REMY CIRCLE			Street Address:		
City: WARWICK	State: RI	Zip: 02886	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.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	NON PAR	COMMON

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: KERRY A. SHERIDAN — Date: 1/5/18

Signature of Authorized Representative: Kerry A. Sheridan (SIGN DOCUMENT HERE)

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

JAN 10 2018
2992 DS

FORM 630 - Revised: 10/2017