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 ¿led by April 1.

1. Entity ID Number	2. Exact name of the Corporation		
148401	KERRY'S WARWICK PHOTO LTD.		
3. Principal O ce 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 o cers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
KERRY A. SHERIDAN	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	**Treasurer Name**
KERRY A. SHERIDAN	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	Director Name
KERRY A SHERIDAN	
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 ¿ling.

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 a rm 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
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FORM 630 - Revised: 10/2017