RI SOS Filing Number: 201856379540 Date: 1/18/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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
103094	Inkwell Communications, Ltd.

3. Principal Office Address	City	State	Zip
216 - 8th Street # 1	Providence	RI	02906

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
519190	Graphic design, advertising and public relations
5. State of Incorporation	
Rhode Island	

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

President Name	Vice-President Name
Kristen O'Grady	None.
Street Address	Street Address
216 - 8th Street # 1	
City / State / Zip	City / State / Zip
Providence / RI / 02906	
Secretary Name	Treasurer Name
Kristen O'Grady	Kristen O'Grady
Street Address	Street Address
216 - 8th Street # 1	216 - 8th Street # 1
City / State / Zip	City / State / Zip
Providence / RI / 02906	Providence / RI / 02906

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

Director Name	Director Name
None.	
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	N/A	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	Date
Kristen O'Grady, President	1/10/18
Signature of Authorized Representative	

Kristen O'Grady

SIGN DOCUMENT HERE

FILED

JAN 18 2018

BY 1011 DS

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: 10/2016