MOPL

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year 2018

Corporation

→ Filing period: January 1 - Mirch 1

→ Filing Fee: \$50.00

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

1. Entity ID Number 103094	2. Exact name of the Corporation Inkwell Communications, Ltd.						
	THEW	err community	<u> </u>	Ltu.	State	Izio	
B. Principal Office Address			City		State	Zip	
216 - 8th Street # 1			Provi		RI	02906	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
519190	Graphic design, advertising and public relations						
5. State of Incorporation	1						
Rhode Island	<u> </u>						
7. List ALL officers (names and addresses)			Check the box to indicate an attachment L.				
President Name							
Cristen O'Grady			None . Street Address				
Street Address			Olicet Monicos				
216 - 8th Street #	State	Zip	City		State	Zlp	
CNy Providence	RI	02906	J,		1	, - <i>r</i>	
Secretary Name	<u> </u>	1. 02700	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		l_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	<u></u>		Director Name				
Street Address			Street Address				
<u></u>		₁₌ ,,	18:		State	Zip	
City	State	Zip	City		2tate		
9. Shares Authorized	hares Authorized 10. Shares Issue						
This information is currently of record in the		NUMBER OF S		CLASS/SERIES		PAR VALUE	
Department of State.		100)	N/A	. No	o Par Value	
Changes require an additional filing.							
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11. This report must be executed of	on behalf of the	corporation by an au	itnorizea represe	entative. If the co	rporation is in the	nanos or a receiver or	
trustee, this report must be execut Under penalty of perjury, I decla	eg on benall of	that I have examine	d this report in	siee. cluding anv acc	omoanving sche	dules and	
statements, and that all stateme	nts contained	herein are true and	correct.		gyg.wellu		
Name of Authorized Representativ					Date	1 0	
Kristen O'Grady,		nt		Λ		10/18	
Signature of Authorized Represent	ative	1 Luxura	MIDTON	FILE) /		
	$\overline{}$	UN 43.0		UAN 1 8 2	1118		

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.rl.gov