



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.

FILED

JAN 18 2018

BY

37505

1. Entity ID Number 00031934		2. Exact name of the Corporation PROVIDENCE LABEL & TAG CO.			
3. Principal Office Address 315 Harris Avenue			City Providence	State RI	Zip 02909
4. NAICS Code 322230		6. Brief description of the character of business conducted in Rhode Island Engaging in the printing business.			
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 Thomas H. Moran			Vice-President Name James F. Pothier		
Street Address 315 Harris Avenue			Street Address 315 Harris Avenue		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Thomas H. Moran			Treasurer Name Thomas H. Moran		
Street Address 315 Harris Avenue			Street Address 315 Harris Avenue		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Thomas H. Moran			Director Name		
Street Address 315 Harris Avenue			Street Address		
City Providence	State RI	Zip 02909	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			100	Common	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 Thomas H. Moran, President					Date 1/15/18
Signature of Authorized Representative 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