



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 121280		2. Exact name of the Corporation E.P. Mail & Freight, Inc.											
3. Principal Office Address 500 Waterman Ave		City East Providence	State RI	Zip 02914									
4. NAICS Code 561439 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island Shipping, packaging, mailing, rent mail boxes and copying services												
5. State of Incorporation RI													
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐													
President Name Lidia M. Januario		Vice-President Name John C. Januario											
Street Address 169 Hammond St		Street Address 169 Hammond St											
City Seekonk	State MA	Zip 02771	City Seekonk	State MA									
Secretary Name Lidia M. Januario		Treasurer Name John C. Januario											
Street Address 169 Hammond St		Street Address 169 Hammond St											
City Seekonk	State MA	Zip 02771	City Seekonk	State MA									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐													
Director Name Lidia M. Januario		Director Name John C. Januario											
Street Address 169 Hammond St		Street Address 169 Hammond St											
City Seekonk	State MA	Zip 02771	City Seekonk	State MA									
Director Name		Director Name											
Street Address		Street Address											
City	State	Zip	City	State									
9. Shares Authorized Check the box to indicate an attachment ☐													
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 ☐											
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> <tr> <td>200</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	No Par Value			
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200	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 Lidia M. Januario				Date 1-27-18									
Signature of Authorized Representative Lidia M. Januario FILED													

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

FEB 27 2018
BY 3135 *KM*

FORM 630 - Revised: 10/2016