RI SOS Filing Number: 201859578120 Date: 3/1/2018 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
100499	**GRAPHIC SOLUTIONS FOR BUSINESS, INC.**

3. Principal Office Address	City	State	Zip
2181 Post Road	**Warwick**	**RI**	**02886**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
54 1430	**Any activities in any way relating to maintaining, operating, managing and providing graphic design services.**
5. State of Incorporation: **Rhode Island**	

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

President Name	Street Address	City	State	Zip
John R. Lamb	**2181 Post Road**	**Warwick**	**RI**	**02886**

Vice-President Name	Street Address	City	State	Zip
John R. Lamb	**2181 Post Road**	**Warwick**	**RI**	**02886**

Secretary Name	Street Address	City	State	Zip
John R. Lamb	**2181 Post Road**	**Warwick**	**RI**	**02886**

Treasurer Name	Street Address	City	State	Zip
John R. Lamb	**2181 Post Road**	**Warwick**	**RI**	**02886**

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

Director Name	Street Address	City	State	Zip
John R. Lamb	**2181 Post Road**	**Warwick**	**RI**	**02886**

9. Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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	Date
John R. Lamb	3/2/2018

Signature of Authorized Representative: John R. Lamb SIGN DOCUMENT HERE

FILED
MAR 01 2018
BY 8729

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: 10/2017