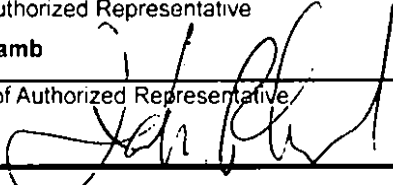




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 100499		2. Exact name of the Corporation GRAPHIC SOLUTIONS FOR BUSINESS, INC.			
3. Principal Office Address 2181 Post Road		City Warwick		State RI	Zip 02886
4. NAICS Code 541430	6. Brief description of the character of business conducted in Rhode Island 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 John R. Lamb			Vice-President Name John R. Lamb		
Street Address 2181 Post Road			Street Address 2181 Post Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name John R. Lamb			Treasurer Name John R. Lamb		
Street Address 2181 Post Road			Street Address 2181 Post Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name John R. Lamb			Director Name		
Street Address 2181 Post Road			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		CLASSIFIED	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 John R. Lamb					Date 3/22/2018
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

FILED

MAR 01 2018

BY

8729