



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 000058690		2. Exact name of the Corporation RHODE ISLAND LABEL WORKS, INC.												
3. Principal Office Address 14 CLYDE STREET			City WEST WARWICK	State RI	Zip 02893									
4. NAICS Code 322299 - MANUFACTURING		6. Brief description of the character of business conducted in Rhode Island MANUFACTURER/CONVERTER OF LABELS, TAGS, FORMS & SELECT PRINTED MATERIAL												
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 WILLIAM H. COLE			Vice-President Name NONE											
Street Address 14 CLYDE STREET			Street Address											
City WEST WARWICK	State RI	Zip 02893	City	State	Zip									
Secretary Name BARBARA R. COLE			Treasurer Name BARBARA R. COLE											
Street Address 14 CLYDE STREET			Street Address 14 CLYDE STREET											
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name NONE			Director Name NONE											
Street Address			Street Address											
City	State	Zip	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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>600</td> <td>COMMON</td> <td>NONE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	600	COMMON	NONE			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
600	COMMON	NONE												
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 BARBARA R. COLE				Date 2/26/2018										
Signature of Authorized Representative <i>Barbara R. Cole</i> SECRETARY/TREASURER														

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

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