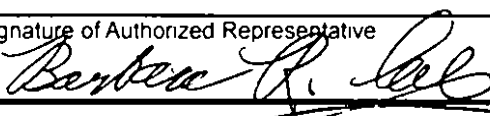




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 ☐									
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 ☐									
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 ☐									
This information is currently of record in the Department of State. Changes require an additional filing.			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  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

MAR 01 2018
BY 9516 DS FORM 630 - Revised: 10/2017