



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.

STAMP

1. Entity ID Number <b>000075560</b>		2. Exact name of the Corporation <b>Main Line Graphic Equipment, Inc.</b>	
3. Principal Office Address <b>610 Ten Rod Road</b>		City <b>North Kingstown</b>	State <b>RI</b>
		Zip <b>02852</b>	
4. NAICS Code <b>453998</b>	6. Brief description of the character of business conducted in Rhode Island <b>Brokerage sale of previously owned graphic arts equipment</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Andrew McClatchy</b>		Vice-President Name <b>Debra McClatchy</b>	
Street Address <b>610 Ten Rod Road</b>		Street Address <b>610 Ten Rod Road</b>	
City <b>North Kingstown</b>	State <b>RI</b>	City <b>North Kingstown</b>	State <b>RI</b>
Zip <b>02852</b>		Zip <b>02852</b>	
Secretary Name <b>Andrew McClatchy</b>		Treasurer Name <b>Debra McClatchy</b>	
Street Address <b>610 Ten Rod Road</b>		Street Address <b>610 Ten Rod Road</b>	
City <b>North Kingstown</b>	State <b>RI</b>	City <b>North Kingstown</b>	State <b>RI</b>
Zip <b>02852</b>		Zip <b>02852</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Andrew McClatchy</b>		Director Name <b>Debra McClatchy</b>	
Street Address <b>610 Ten Rod Road</b>		Street Address <b>610 Ten Rod Road</b>	
City <b>North Kingstown</b>	State <b>RI</b>	City <b>North Kingstown</b>	State <b>RI</b>
Zip <b>02852</b>		Zip <b>02852</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<b>8,000</b>	<b>CNP</b>
			<b>\$0.0000</b>
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.			
<b>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.</b>			
Name of Authorized Representative <b>Andrew McClatchy</b>			Date <b>1/2/18</b>
Signature of Authorized Representative 			SIGN DOCUMENT HERE

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

FILED

MAR 01 2018

BY

2559

FORM 630 - Revised: 10/2017