



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

Annual Report for the year: **2018**
Corporation

STAMP

- 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 152134		2. Exact name of the Corporation Enterprise Printing & Products Corporation	
3. Principal Office Address 150 Newport Avenue		City East Providence	State RI
		Zip 02916	
4. NAICS Code 44-45	6. Brief description of the character of business conducted in Rhode Island own and operate an office supply companyt		
5. State of Incorporation Rhode Island	453310		
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>			
President Name Vijay Malhotra		Vice-President Name Mrinal Malhotra	
Street Address 150 Newport Avenue		Street Address 150 Newport Avenue	
City East Providence	State RI	City East Providence	State RI
Zip 02916		Zip 02916	
Secretary Name Vijay Malhotra		Treasurer Name Mrinal Malhotra	
Street Address 150 Newport Avenue		Street Address 150 Newport Avenue	
City East Providence	State RI	City East Providence	State RI
Zip 02916		Zip 02916	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		100	Common
			\$0.01
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 Vijay Malhotra		Date 02/22/18	
Signature of Authorized Representative 		SIGN DOCUMENT HERE FILED	

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 02 2018
BY **7553 DS** FORM 630 - Revised: 10/2017