State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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	2. Exact name of the Corporation			
152134	Enterprise Printing & Products Corporation			
3. Principal Office Address		City	State	Zip
150 Newport Avenue		East Providence	RI	02916
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
44-45	own and operate an office supply companyt			
5. State of Incorporation	453310			
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☑

President Name: Vijay Malhotra			Vice-President Name: Mrinal Malhotra		
Street Address: 150 Newport Avenue			Street Address: 150 Newport Avenue		
City: East Providence	State: RI	Zip: 02916	City: East Providence	State: RI	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	Zip: 02916	City: East Providence	State: RI	Zip: 02916

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	Common	$.01
Changes require an additional filing.			

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	Date
Vijay Malhotra	02/22/18

Signature of Authorized Representative: [signature] 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