

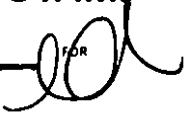


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

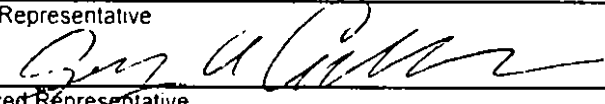
MAR 22 2018

STAMP

BY 1699 

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 106888		2. Exact name of the Corporation Enviropartners, Inc.			
3. Principal Office Address 38 Bellevue Avenue, Suite H			City Newport	State RI	Zip 02840
4. NAICS Code 424110		6. Brief description of the character of business conducted in Rhode Island Development, sale, and marketing of environmentally friendly printing products			
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 Gerry A. Callahan			Vice-President Name		
Street Address 38 Bellevue Avenue, Suite H			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Steven M. McInnis			Treasurer Name Gerry A. Callahan		
Street Address 38 Bellevue Avenue, Suite H			Street Address 38 Bellevue Avenue, Suite H		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gerry A. Callahan			Director Name		
Street Address 38 Bellevue Avenue, Suite H			Street Address		
City Newport	State RI	Zip 02840	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.			NUMBER OF SHARES		PAR VALUE
			1,400	Common	\$.01 Par
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 Gerry A. Callahan 					Date 3/1/18
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