



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 000116319		2. Exact name of the Corporation ALL STAR PHOTO INC.			
3. Principal Office Address 9 Bluebird Ln			City Ashaway	State RI	Zip 02804
4. NAICS Code 541921		6. Brief description of the character of business conducted in Rhode Island YOUTH SPORTS PHOTOGRAPHY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name TAMMY LAVORATO			Vice-President Name DENNIS LAVORATO		
Street Address 9 BLUEBIRD LANE			Street Address 9 BLUEBIRD LANE		
City Ashaway	State RI	Zip 02804	City ASHAWAY	State RI	Zip 02804
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES 8,000	CLASS/SERIES NPU	PAR VALUE 0	
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 DENNIS LAVORATO				Date 03-30-2018	
Signature of Authorized Representative 					

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

APR 16 2018

BY 1315 / 1314 FORM 630 - Revised: 10/2017