



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 41192		2. Exact name of the Corporation HENRY A. EVERS CORP.			
3. Principal Office Address 72 OXFORD STREET		City PROVIDENCE		State RI	Zip 02905
4. NAICS Code 332110		6. Brief description of the character of business conducted in Rhode Island INDUSTRIAL DIE CUTTING			
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 ANTHONY J. DIORIO			Vice-President Name JAMES A. DIORIO & JOSEPH DIORIO		
Street Address 72 OXFORD STREET			Street Address 72 OXFORD STREET		
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02905
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 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.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
600				\$0.00	
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 Anthony J. Diorio, President					Date 9/4/18
Signature of Authorized Representative <i>Anthony J. Diorio</i>					

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

SEP 05 2018

BY *QJ-JMG7C*

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