RI SOS Filing Number: 201877881730 Date: 9/20/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	2018
Corporation -	<u> </u>

- → Filing period: January 1 March 1
- → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fe	e if form is n	ot filed by April 1.						
. Entity ID Number	2. Exact nan	ne of the Corporation	1					
000525049	15+	itch P	145 J	Inc.				
Principal Office Address			City		State	Zip		
150 Wilbu	ir Ar	·	Wary	oide	RI	02886		
. NAICS Code	16. Brief desc	cription of the charac	ter of business cor	nducted in Rhode		,		
315990	scree	en print	+ cembr	roldery 1	on cloth	ne S /		
5. State of Incorporation	1	•		O				
RI						ets an attachment []		
7. List ALL officers (names and ad	dresses)		Vice-President N		k the box to indic	ate an attachment		
President Name MMTON J. WOO	Λ							
Street Address	<u></u>		Street Address	<u>/</u>				
same	State	Zip	City	-\	State	Zip		
City	State							
Secretary Name			Treasurer Name	Treasurer Name				
Street Address			Street Address	Street Address				
Sileet Address					- IState	Zip		
City	State	Zip	City					
8. List ALL directors (names and a	addresses)			Che	ck the box to indi	cate an attachment 🔲		
Director Name			Director Name					
Street Address	<u>. </u>		Street Address	<u> </u>	<u> </u>			
Sheet Addiess			- 62	-\	State	Zip		
City	State	Zip	City					
Director Name	/		Director Name					
				Street Address				
Street Address								
City	State	Zip	City		State			
O. Ohara Authorized		10. Shares I	ssued			icate an attachment [
9. Shares Authorized This information is currently of rec			OF SHARES	SHARFS CLASS/SERIFS PAR VALUE				
Department of State.			YO)			D		
Changes require an additional filir				1	1.			
11. This report must be executed	on hehalf of	the corporation by a	n authorized repres	sentative. If the co	orporation is in th	e hands of a receiver o		
trustee, this report must be executed trustee, this report must be exec	uted on behal	f of the corporation I	by the receiver or to	rustee. Including any ac	companying sci	nedules and		
trustee, this report must be executed under penalty of perjury, I decistatements, and that all statements.	·iano ann amir	יייש אש שעשוו וזעחו חד	iliigu una repors .					
Name of Authorized Representa	tive				Date			
Myron		01)		EH_EF	1 9-	17-18		
Signature of Authorized Represe	entative	1	DOWN BUCK THE DE	FILET	9			
Ymnon	()) . (MON SIGN!	DOCUMENT HERE	- SEP 2 0 2	A19			
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MAIL TO: V	()		~	$\mathcal{L} = (1)X^{c}$	<3 NS	,		

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Phone: (401) 222-3040 Website: www.sos.ri.gov BY__UOU_U

FORM 630 - Revised: 10/2017