



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

Annual Report for the year: 2013
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
STAMP
 2018 SEP 19 AM 10:25

1. Entity ID Number 96466		2. Exact name of the Corporation Joseph Merritt and Company, Inc. reoperated			
3. Principal Office Address 650 Franklin Avenue			City Hartford	State CT	Zip 06114
4. NAICS Code 323111		6. Brief description of the character of business conducted in Rhode Island CDT (construction documents), Printing on demand, Scanning and Information Management, Equipment sales, supplies, big color			
5. State of Incorporation Connecticut					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Edward W. Perry			Vice-President Name		
Street Address 650 Franklin Avenue			Street Address		
City Hartford	State CT	Zip 06114	City	State	Zip
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	CLASS/SERIES	PAR VALUE
			1,000	Common	\$10
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 Cassie Wildman, VP, CFO & Secretary					Date September 18, 2018
Signature of Authorized Representative <i>Cassie Wildman</i>					

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
 SEP 27 2018
 BY *[Signature]* 4.01