



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**  
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|   |                    |   |   |                    |                                   |
|---|--------------------|---|---|--------------------|-----------------------------------|
| 1. Entity ID Number<br><b>96466</b>   |                    | 2. Exact name of the Corporation<br><b>Joseph Merritt and Company, Inc. reoperated</b>  |   |                    |                                   |
| 3. Principal Office Address<br><b>650 Franklin Avenue</b>   |                    |   | City<br><b>Hartford</b>   | State<br><b>CT</b> | Zip<br><b>06114</b>               |
| 4. NAICS Code<br><b>323111</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>CDT (construction documents), Printing on demand, Scanning and Information Management, Equipment sales, supplies, big color</b> |   |                    |                                   |
| 5. State of Incorporation<br><b>Connecticut</b>   |                    |   |   |                    |                                   |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |   |                    |                                   |
| President Name<br><b>Edward W. Perry</b>  |                    |   | Vice-President Name   |                    |                                   |
| Street Address<br><b>650 Franklin Avenue</b>  |                    |   | Street Address  |                    |                                   |
| City<br><b>Hartford</b>   | State<br><b>CT</b> | Zip<br><b>06114</b>   | City  | State              | Zip                               |
| Secretary Name  |                    |   | Treasurer Name  |                    |                                   |
| Street Address  |                    |   | Street Address  |                    |                                   |
| City  | State              | Zip   | City  | State              | Zip                               |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |   |                    |                                   |
| 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                                   |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |                    |   | NUMBER OF SHARES  | CLASS/SERIES       | PAR VALUE                         |
|   |                    |   | <b>1,000</b>  | <b>Common</b>      | <b>\$10</b>                       |
| 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. |                    |   |   |                    |                                   |
| <b>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.</b>                                       |                    |   |   |                    |                                   |
| Name of Authorized Representative<br><b>Cassie Wildman, VP, CFO &amp; Secretary</b>   |                    |   |   |                    | Date<br><b>September 18, 2018</b> |
| Signature of Authorized Representative<br><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