| s s | tate of Rhode Island and Pro Office of the Secreta | | |
|---|---|--|--|
| | Division Of Business 148 W. River S | treet | |
| HOPE | Providence RI 0290 (401) 222-30 | | |
| Limited Liability Com Annual Report Filing Period: September 1 | | | |
| | 7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00. | | |
| ANNUAL REPORT YEAR: | <u>2018</u> | | |
| 1. ID No. <u>000805593</u> | 3 | | |
| 2. Exact Name of the Li | mited Liability Company <u>IDEAL</u> | PRINTING, LLC | |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| | ARTICLE III | | |
| u u u u u u u u u u u u u u u u u u u | Code that best describes the primary e information on <u>NAICS</u> can be found | business conducted by the entity. Downloa online. | |
| <u>323113</u> | | | |
| 4. Brief Description of th | e Character of the Business Which | is Actually Conducted in Rhode Island | |
| PAY FOR PRINT PAPE | ER AND APPAREL. | | |
| 5. Principal Office Addre | SS | | |
| | <u>RECO LANE, SUITE A</u> <u>RWICK</u> SI | ate: <u>RI</u> Zip: <u>02886</u> Country: <u>USA</u> | |
| 6. Mailing Address of Li | mited Liability Company and Name | or Title of Contact Person: | |
| Contact Name: Contact | | | |
| No. and Street: <u>24 GF</u> City or Town: <u>WAR</u> | <u>RECO LANE, SUITE A</u> <u>MICK</u> Sta | ate: <u>RI</u> Zip: <u>02886</u> Country: <u>USA</u> | |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | |
| Title | Individual Name | Address | |
| MANAGER | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country | |
| | | 11 WOODHAVEN DRIVE CUMBERLAND, RI 02864 USA | |

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JOSEPH E PALMQUIST 11 WOODHAVEN DRIVE CUMBERLAND, RI 02864

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 20 Day of November, 2018 at 11:23:14 AM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By JOSEPH E PALMQUIST

Signature of Authorized Person

Form No. 632 Revised 09/07

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