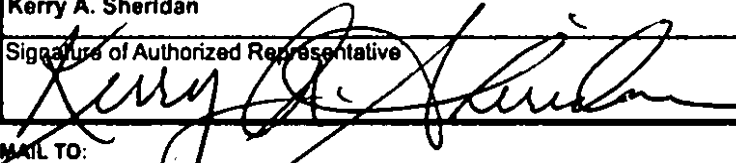




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
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 148401		2. Exact name of the Corporation Kerry's Warwick Photo LTD			
3. Principal Office Address 1944 Warwick Avenue			City Warwick	State RI	Zip 02889
4. NAICS Code 812921		6. Brief description of the character of business conducted in Rhode Island photo finishing/video transfer			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kerry A. Sheridan			Vice-President Name Kerry A. Sheridan		
Street Address 32 Remy Circle			Street Address 32 Remy Circle		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Kerry A. Sheridan			Treasurer Name Kerry A. Sheridan		
Street Address 32 Remy Circle			Street Address 32 Remy Circle		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kerry A. Sheridan			Director Name		
Street Address 32 Remy Circle			Street Address		
City Warwick	State RI	Zip 02886	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		
			common		
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 Kerry A. Sheridan					Date 01/25/2019
Signature of Authorized Representative 					

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

JAN 28 2019

BY

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