



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2019
Corporation

2019 FEB 14 AM 9:53

- 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 000073357		2. Exact name of the Corporation Intercity Paper Co., Inc.			
3. Principal Office Address 1093 Elmwood Avenue			City Providence	State RI	Zip 02907
4. NAICS Code 561910		6. Brief description of the character of business conducted in Rhode Island To sell maintenance and packing supplies.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Carlos M. Tavares			Vice-President Name Lucia F. Tavares		
Street Address 25 Cohasset Lane			Street Address 25 Cohasset Lane		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Lucla F. Tavares			Treasurer Name Carlos M. Tavares		
Street Address 25 Cohasset Lane			Street Address 25 Cohasset Lane		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
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
			100	Common	No Par Value
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 Carlos M. Tavares, President					Date 2/8/19
Signature of Authorized Representative <i>Carlos M. Tavares</i> SIGN DOCUMENT HERE					PRESIDENT

FILED

FEB 14 2019

BY CM CK 9460

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov