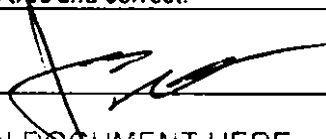




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 90236		2. Exact name of the Corporation GRAPHIC INNOVATIONS, INC.			
3. Principal Office Address 380 Jefferson Boulevard -- Unit C			City Warwick	State RI	Zip 02886
4. NAICS Code 53120 Other Services (except Pub		6. Brief description of the character of business conducted in Rhode Island To Engage in Graphic Design and Digital Imaging			
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 James Larkin			Vice-President Name James Larkin		
Street Address 90 Sycamore Drive			Street Address		
City East Greenwich	State RI	Zip 02818	City	State RI	Zip
Secretary Name James Larkin			Treasurer Name James Larkin		
Street Address			Street Address		
City	State RI	Zip	City	State RI	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James Larkin			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name none			Director Name none		
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	
		200	common	-0-	
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. <i>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.</i>					
Name of Authorized Representative James Larkin, President				Date 1/25/2019	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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

FEB 14 2019

FORM 630 - Revised: 10/2016

BY

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