



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.

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SECRETARY OF STATE
CORPORATIONS DIV

2019 FEB 21 AM 9:44

1. Entity ID Number 64388		2. Exact name of the Corporation Fine Line Graphics, Inc.			
3. Principal Office Address 90 Douglas Pike, P.O. Box 17370		City Smithfield		State RI	Zip 02917
4. NAICS Code 332510		6. Brief description of the character of business conducted in Rhode Island Operation of photoengraving business and manufacture of offset printing plates and sale of same			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name James E. Toles			Vice-President Name Ronald Beauregard		
Street Address 5455 W 164th Place			Street Address 35 Ivy Garden Way		
City Stillwell	State KS	Zip 66085	City East Greenwich	State RI	Zip 02818
Secretary Name James E. Toles			Treasurer Name Rondal Beauregard		
Street Address 5455 W 164th Place			Street Address 35 Ivy Garden Way		
City Stillwell	State KS	Zip 66085	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 Check the box to indicate an attachment ☐					
10. Shares Issued Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			310		common
			PAR VALUE		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 Ronald Beauregard, Vice President/Treasurer					Date 1/22/2019
Signature of Authorized Representative <i>Ronald Beauregard</i> 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

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FORM 630 - Revised: 10/2016

BY

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