



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

STAMP

FOR

→ 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 152134		2. Exact name of the Corporation Enterprise Printing & Products Corporation			
3. Principal Office Address 150 Newport Avenue			City East Providence	State RI	Zip 02916
4. NAICS Code 44-45		6. Brief description of the character of business conducted in Rhode Island Own and operate an office supply company			
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 Vijay Malhotra			Vice-President Name Mrinal Malhotra		
Street Address 150 Newport Avenue			Street Address 150 Newport Avenue		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02916
Secretary Name Vijay Malhotra			Treasurer Name Mrinal Malhotra		
Street Address 150 Newport Avenue			Street Address 150 Newport Avenue		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02916
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES		PAR VALUE
			100	Common	\$.01
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 Vijay Malhotra				Date 01/10/19	
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 21 2019

FORM 630 - Revised: 10/2017

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