



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 <b>152134</b>		2. Exact name of the Corporation <b>Enterprise Printing &amp; Products Corporation</b>			
3. Principal Office Address <b>150 Newport Avenue</b>			City <b>East Providence</b>	State <b>RI</b>	Zip <b>02916</b>
4. NAICS Code <b>44-45</b>		6. Brief description of the character of business conducted in Rhode Island <b>Own and operate an office supply company</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Vijay Malhotra</b>			Vice-President Name <b>Mrinal Malhotra</b>		
Street Address <b>150 Newport Avenue</b>			Street Address <b>150 Newport Avenue</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02916</b>
Secretary Name <b>Vijay Malhotra</b>			Treasurer Name <b>Mrinal Malhotra</b>		
Street Address <b>150 Newport Avenue</b>			Street Address <b>150 Newport Avenue</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02916</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
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	\$ .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.					
<b>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.</b>					
Name of Authorized Representative <b>Vijay Malhotra</b>				Date <b>01/10/19</b>	
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

BY 12693 DS