



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

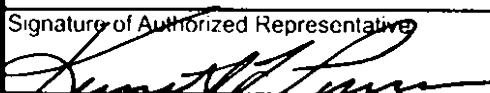
FILED

Annual Report for the year: 2019
Corporation

MAR 11 2019

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 1284 OS

| | | | | | |
|---|--------------------|--|---|------------------------|---------------------|
| 1. Entity ID Number 140313 | | 2. Exact name of the Corporation KLP Enterprises, Inc. | | | |
| 3. Principal Office Address P.O. Box 371 | | | City Seekonk | State MA | Zip 02771 |
| 4. NAICS Code 532420 | | 6. Brief description of the character of business conducted in Rhode Island To sell, service and lease photocopy and facsimile machines and to sell parts and supplies incidental thereto. | | | |
| 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 Kenneth L. Pincins | | | Vice-President Name | | |
| Street Address P.O. Box 371 | | | Street Address | | |
| City Seekonk | State MA | Zip 02771 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Kenneth L. Pincins | | | Director Name | | |
| Street Address P.O. Box 371 | | | Street Address | | |
| City Seekonk | State MA | Zip 02771 | 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 | | PAR VALUE |
| | | | 1000 | Common | No Par |
| 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 Kenneth L. Pincins, President | | | | Date 2/28/19 | |
| Signature of Authorized Representative  | | | | | |

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov