

"AMENDED"



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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: **2019**
 Corporation

2019 MAR 14 AM 11:30

- 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 1664538		2. Exact name of the Corporation E. FRANCES PAPER, INC.			
3. Principal Office Address 114 West Main Road Unit 2			City Middletown	State RI	Zip 02842
4. NAICS Code 322230		6. Brief description of the character of business conducted in Rhode Island Stationery, Cards, Notes			
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 Alison Flippin			Vice-President Name		
Street Address 5 Laurel Glen			Street Address		
City Holliston	State MA	Zip 01746	City	State	Zip
Secretary Name Emily Roberts			Treasurer Name Jennine E. Laundon		
Street Address 1 Julia Court			Street Address 14 View Avenue		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Alison Flippin			Director Name Jennine E. Laundon		
Street Address 5 Laurel Glen			Street Address 14 View Avenue		
City Holliston	State MA	Zip 01746	City Middletown	State RI	Zip 02842
Director Name Emily Roberts			Director Name		
Street Address 1 Julia Court			Street Address		
City Middletown	State RI	Zip 02842	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
		8,000		CWP	\$1.00
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 Jennine Laundon					Date 3.12.19
Signature of Authorized Representative					

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
 MAR 14 2019
 BY A.A. 11:30 A.M.



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

March 14, 2019 11:30 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

