



**Department of State - Business Services Division**

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

**FILED**

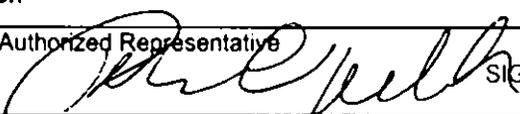
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- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 009950

1. Entity ID Number <b>40301</b>		2. Exact name of the Corporation <b>KEL-PRINT, INC.</b>			
3. Principal Office Address <b>969 Park Avenue</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
4. NAICS Code <b>812990</b>		6. Brief description of the character of business conducted in Rhode Island <b>To engage in all types of printing</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>Patrick Welch</b>			Vice-President Name <b>Kelleigh Welch</b>		
Street Address <b>103 Betty Pond Road</b>			Street Address <b>103 Betty Pond Road</b>		
City <b>Scituate</b>	State <b>RI</b>	Zip <b>02831</b>	City <b>Scituate</b>	State <b>RI</b>	Zip <b>02831</b>
Secretary Name <b>Patrick Welch</b>			Treasurer Name <b>Kelleigh Welch</b>		
Street Address <b>103 Betty Pond Road</b>			Street Address <b>103 Betty Pond Road</b>		
City <b>Scituate</b>	State <b>RI</b>	Zip <b>02831</b>	City <b>Scituate</b>	State <b>RI</b>	Zip <b>02831</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
			1000		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. <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>Patrick Welch</b>				Date <b>2/19/19</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	