



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

Amended

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

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

STAMP
 2019 SEP 4 P
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 RECEIVED

1. Entity ID Number 000065392		2. Exact name of the Corporation ADVANCED CIRCUIT IMAGES, INC.			
3. Principal Office Address 316 GREENVILLE AVENUE			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 324199		6. Brief description of the character of business conducted in Rhode Island MANUFACTURER OF SILK SCREENS			
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 <i>Nichole DiIorio</i>			Vice-President Name NONE		
Street Address 5 WINFIELD ROAD			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
Secretary Name NONE			Treasurer Name <i>Nichole DiIorio</i>		
Street Address			Street Address 5 WINFIELD ROAD		
City	State	Zip	City JOHNSTON	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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		CLASS/SERIES
			100		COMMON
			PAR VALUE		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. <i>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.</i>					
Name of Authorized Representative <i>Nichole DiIorio</i>					Date SEPTEMBER 4, 2019
Signature of Authorized Representative <i>Nichole DiIorio</i>					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

SEP 04 2019

BY *KL 12:30*