



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

Annual Report for the year: 2020
Corporation

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

FILED

JAN 09 2020

2904

| 1. Entity ID Number 000112878 | | 2. Exact name of the Corporation I/O Labs, Inc | | | | | | | | | | | | |
|--|--------------|--|--|-------------|-----------------------------|------------------|--------------|-----------|-----|--------|--------|--|--|--|
| 3. Principal Office Address 56 Exchange Terrace | | | City Providence | | State RI Zip 02903 | | | | | | | | | |
| 4. NAICS Code 541430 | | 6. Brief description of the character of business conducted in Rhode Island Digital Graphic service including but not limited to communication design and prepress production | | | | | | | | | | | | |
| 5. State of Incorporation RI | | | | | | | | | | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| President Name Edward C Pepper | | | Vice-President Name Edward C Pepper | | | | | | | | | | | |
| Street Address 199 Anthony Street | | | Street Address 199 Anthony Street | | | | | | | | | | | |
| City East Providence | State RI | Zip 02914 | City East Providence | State RI | Zip 02914 | | | | | | | | | |
| Secretary Name Edward C Pepper | | | Treasurer Name Edward C Pepper | | | | | | | | | | | |
| Street Address 199 Anthony Street | | | Street Address 199 Anthony Street | | | | | | | | | | | |
| City East Providence | State RI | Zip 02914 | City East Providence | State RI | Zip 02914 | | | | | | | | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| Director Name Edward C Pepper | | | Director Name | | | | | | | | | | | |
| Street Address 199 Anthony Street | | | Street Address | | | | | | | | | | | |
| City East Providence | State RI | Zip 02914 | City | State | Zip | | | | | | | | | |
| Director Name | | | Director Name | | | | | | | | | | | |
| Street Address | | | Street Address | | | | | | | | | | | |
| City | State | Zip | City | State | Zip | | | | | | | | | |
| 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | |
| | | | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>0.0000</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 100 | Common | 0.0000 | | | |
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| 100 | Common | 0.0000 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 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 EDWARD C. PEPPER | | | | | Date 12/17/19 | | | | | | | | | |
| Signature of Authorized Representative <i>eePepper</i> | | | | | | | | | | | | | | |