



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

Annual Report for the year: 2020 Amended no fee  
 Corporation

- 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 <b>13865</b>		2. Exact name of the Corporation <b>NARRAGANSETT BUSINESS FORMS INC.</b>	
3. Principal Office Address <b>21 MASSASOIT AVE</b>		City <b>EAST PROVIDENCE RI</b>	State <b>RI</b>
4. NAICS Code <b>322230</b>		6. Brief description of the character of business conducted in Rhode Island <b>MANUFACTURER OF BUSINESS FORMS</b>	
5. State of Incorporation <b>RI</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>DAVID L Almeida</b>		Vice-President Name	
Street Address <b>21 MASSASOIT AVE</b>		Street Address	
City <b>EAST PROVIDENCE RI</b>	State <b>RI</b>	Zip <b>02914</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
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	
Director Name		Director Name	
Street Address		Street Address	
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.		NUMBER OF SHARES <b>200</b>	CLASS/SERIES <b></b>
Changes require an additional filing.			PAR VALUE <b>\$ 0.00</b>
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>David Almeida</b>			Date <b>2/26/2020</b>
Signature of Authorized Representative <i>[Signature]</i>			

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 DIVISION  
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**FILED**

FEB 26 2020  
 BY A.A. 10:42 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:

February 26, 2020 10:42 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*

