



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</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>		Zip <b>02914</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</b>	State <b>RI</b>	City	State									
Zip <b>02914</b>		Zip										
Secretary Name		Treasurer Name										
Street Address		Street Address										
City	State	City	State									
Zip		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	City	State									
Zip		Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>200</b></td> <td></td> <td><b>\$ 0.00</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>200</b>		<b>\$ 0.00</b>			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
<b>200</b>		<b>\$ 0.00</b>										
Changes require an additional filing.												
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 <b>David Almeida</b>		Date <b>2/26/2020</b>										
Signature of Authorized Representative <i>[Signature]</i>												

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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

FORM 630 - Revised: 02/2017

RECEIVED

RHODE ISLAND  
BUSINESS  
DIVISION  
2020 FEB 26 A 10:42

**FILED**