

State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionRECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2020 FEB 27 A 11:37

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.

1. Entity ID Number 849402		2. Exact name of the Corporation Sign Guild Inc			
3. Principal Office Address 221 Tuckertown Rd			City Wakefield	State RI	Zip 02879
4. NAICS Code 238900		6. Brief description of the character of business conducted in Rhode Island Production and sales of signs, awnings and banners, and any lawful business.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name David M. Wilson			Vice-President Name		
Street Address 221 Tuckertown Rd.			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name David M. Wilson			Treasurer Name David M. Wilson		
Street Address 221 Tuckertown Rd.			Street Address 221 Tuckertown Rd.		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name N/A			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		
This information is currently of record in the Department of State.			Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 100	CLASS/SERIES CWP	PAR VALUE 1.0
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 David M. Wilson					Date 2-27-20
Signature of Authorized Representative					
SIGN DOCUMENT HERE FILED					

FEB 27 2020

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BY **AXORP**