



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

FEB 27 2020

MBT

1. Entity ID Number 000075560		2. Exact name of the Corporation Main Line Graphic Equipment, Inc.									
3. Principal Office Address 610 Ten Rod Road			City North Kingstown	State RI	Zip 02852						
4. NAICS Code 453998	6. Brief description of the character of business conducted in Rhode Island BROKERAGE SALE OF PREVIOUSLY OWNED GRAPHIC ARTS EQUIPMENT.										
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 Andrew McClatchy			Vice-President Name Debra McClatchy								
Street Address 610 Ten Rod Road			Street Address 610 Ten Rod Road								
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852						
Secretary Name Andrew McClatchy			Treasurer Name Debra McClatchy								
Street Address 610 Ten Rod Road			Street Address 610 Ten Rod Road								
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name Andrew McClatchy			Director Name Debra McClatchy								
Street Address 610 Ten Rod Road			Street Address 610 Ten Rod Road								
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 0852						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized 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.			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>8,000</td> <td>CNP</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	8,000	CNP	0.00
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8,000	CNP	0.00									
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 Andrew McClatchy				Date 2/24/20							
Signature of Authorized Representative <i>Andrew McClatchy</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

FORM 630 - Revised: 10/2017