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

FILED
FEB 27 2020

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	2. Exact name of the Corporation		
000075560	Main Line Graphic Equipment, Inc.		
3. Principal Office Address	City	State	Zip
610 Ten Rod Road	North Kingstown	RI	02852
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
453998	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 ☐

President Name	Street Address	City	State	Zip
Andrew McClatchy	610 Ten Rod Road	North Kingstown	RI	02852

Vice-President Name	Street Address	City	State	Zip
Debra McClatchy	610 Ten Rod Road	North Kingstown	RI	02852

Secretary Name	Street Address	City	State	Zip
Andrew McClatchy	610 Ten Rod Road	North Kingstown	RI	02852

Treasurer Name	Street Address	City	State	Zip
Debra McClatchy	610 Ten Rod Road	North Kingstown	RI	02852

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Andrew McClatchy	610 Ten Rod Road	North Kingstown	RI	02852

Director Name	Street Address	City	State	Zip
Debra McClatchy	610 Ten Rod Road	North Kingstown	RI	0852

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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	Date
Andrew McClatchy	2/24/20

Signature of Authorized Representative
Andrew McClatchy

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