



State of Rhode Island

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.

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BUS SVCS DIV

2020 NOV 18 A 10:53

1. Entity ID Number 000539950		2. Exact name of the Corporation Nulabel Technologies, Inc.			
3. Principal Office Address 965 Waterman Avenue (No Longer Valid)		City Providence		State RI	Zip 02914
4. NAICS Code 541511		6. Brief description of the character of business conducted in Rhode Island Develop/Commercialize Label Adhesive & Label Application Hardware			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			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 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
		8,388,574		PWP	\$0.0010
		6,458,722		CWP	\$0.0010
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 Harold Schofield				Date 11/17/2020	
Signature of Authorized Representative 					

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

FILED

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BY 9JF23

FORM 630 - Revised: 08/2020