



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 001678317

**2. Name of Corporation** EVOLIS INC

**3. Street Address Principal Business Office:**

No. and Street: 188 VALLEY STREET  
SUITE 421

City or Town: PROVIDENCE State: FL Zip: 02909 Country: USA

**4. Business Phone No.**

401-751-5483

**5. State of Incorporation**

State: FL

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

425110

**6. Brief Description of the Character of Business Conducted in Rhode Island**

SALES & MARKETING OFFICE FOR EVOLIS PLASTIC CARD AND ID BADGES PRINTERS AND CONSUMMABLES

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	EMMANUEL PICOT	14 AV DE LA FONTAINE

		BEAUCOUZE 49070 FRA
TREASURER	JEAN LOUIS LAHAYE	14 AV DE LA FONTAINE BEAUCOUZE 49070 FRA
SECRETARY	CECILE BELANGER	14 AV DE LA FONTAINE BEAUCOUZE 49070 FRA
DIRECTOR	EMMANUEL PICOT	14 AV DE LA FONTAINE BEAUCOUZE 49070 FRA
DIRECTOR	CECILE BELANGER	14 AV DE LA FONTAINE BEAUCOUZE 49070 FRA
DIRECTOR	JEAN LOUIS LAHAYE	14 AV DE LA FONTAINE BEAUCOUZE 49070 FRA
DIRECTOR	CHRISTIAN LEFORT	14 AV DE LA FONTAINE BEAUCOUZE 49070 FRA

### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	1,000.00	1000

**9. 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.**

**Signed this 11 Day of February, 2021 at 11:51:39 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By CECILE BELANGER  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

© 2007 - 2021 State of Rhode Island  
All Rights Reserved