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State of Rhode Island

Department of State - Business Services Division

FILED

FEB 12 2021

BY

Annual Report for the year: 2021

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		
000152134	Enterprise Printing & Products Corporation		
3. Principal Office Address	City	State	Zip
150 Newport Avenue	East Providence	RI	02916
4. NAICS Code 453310	6. Brief description of the character of business conducted in Rhode Island		
5. State of Incorporation	own and operate an office supply company		
Rhode Island			

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

President Name Vijay Malhotra			Vice-President Name Mrinal Malhotra		
Street Address 150 Newport Avenue			Street Address 150 Newport Avenue		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02916
Secretary Name Vijay Malhotra			Treasurer Name Mrinal Malhotra		
Street Address 150 Newport Avenue			Street Address 150 Newport Avenue		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02916

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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	$.01

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
Vijay Malhotra	01/11/21
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

FORM 630 - Revised: 08/2020