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

FILED
FEB 22 2021
STATE
8994

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		
100499	**GRAPHIC SOLUTIONS FOR BUSINESS, INC.**		
3. Principal Office Address	City	State	Zip
5 Division Street, Unit 26	**East Greenwich**	**RI**	**02818**

4. NAICS Code	6 Brief description of the character of business conducted in Rhode Island
541430	**Any activities in any way relating to maintaining, operating, managing and providing graphic design services.**
5. State of Incorporation: **Rhode Island**	

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

President Name: **John R. Lamb**			Vice-President Name: **John R. Lamb**		
Street Address: **5 Division Street, Unit 26**			Street Address: **5 Division Street, Unit 26**		
City: **East Greenwich**	State: **RI**	Zip: **02818**	City: **East Greenwich**	State: **RI**	Zip: **02818**
Secretary Name: **John R. Lamb**			Treasurer Name: **John R. Lamb**		
Street Address: **5 Division Street, Unit 26**			Street Address: **5 Division Street, Unit 26**		
City: **East Greenwich**	State: **RI**	Zip: **02818**	City: **East Greenwich**	State: **RI**	Zip: **02818**

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

Director Name: **John R. Lamb**			Director Name		
Street Address: **5 Division Street, Unit 26**			Street Address		
City: **East Greenwich**	State: **RI**	Zip: **02819**	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
200	**Common**	**No Par Value**

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
John R. Lamb	2/11/2021

Signature of Authorized Representative: SIGN DOCUMENT HERE

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