RI SOS Filing Number: 202193285800 Date: 2/25/2021 4:00:00 PM

_	_
A :	~/
1 : 3	9A)
<i>f</i> ·	4)

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation





\rightarrow	Filing	period:	January 1	- March 1
	_	_		

→ Filing Fee. \$50.00

→ Penalty: Additional \$25 00 fee if form is not filed by April 1

Entity ID Number	2. Exact nam	2. Exact name of the Corporation							
90236		GRAPHIC INNOVATIONS, INC.							
3. Principal Office Address			City		State	Zip			
380 Jefferson Boulevard -	- Unit C		Warwick		RI	02886			
4. NÄICS Code	6. Brief desc	ription of the chara-	cter of business	conducted in Rhode I	sland				
631120	To Engage	To Engage in Graphic Design and Digital Imaging							
5. State of Incorporation									
Rhode Island	ļ								
7. List ALL officers (names a	nd addresses)			Check	the box to ind	icate an attachment			
President Name James Larkin			Vice-President Name James Larkin						
Street Address 90 Sycamore Drive			Street Address						
City East Greenwich	State RI	^{Zip} 02818	City		State RI	Ζιρ			
Secretary Name James Larkin			Treasurer Name James Larkin						
Street Accress			Street Addres	SS					
City	State RI	Zip	City	. <u></u>	State RI	Zıp			
8. List ALL directors (names	and addresses)		· · · · · · · · · · · · · · · · · · ·	Check	the box to ind	icate an attachment 🔲			
Oirector Name James Larkin			Director Nam	e none					
Street Address			Street Address						
City	State	Zip	City		State	Zip			
Director Name none			Director Name none						
Street Address			Street Address						
City	State	Zıp	City	•••	State	Zip			
9. Shares Authorized		10. Shares Is:							
This information is currently of record in the Department of State.		NUMBER OF SHARES 200		CLASS:SERIE:		PAR VAL JE			
Changes require an additional filling.		200		common		-0-			
		_							
11. This report must be executive to the second must be executive to the second must be executed as a s	uted on behalf of the	corporation by an	authorized repre	sentative. If the corpo	ration is in the	hands of a receiver or			
trustee, this report must be e Under penalty of perjury, I	declare and affirm i	the corporation by that I have examin	the receiver of the second in	rustee. including anv accon	noanving sch	edules and			
statements, and that all sta Name of Authorized Represe	tements contained	herein are true ar	nd correct.						
James Larkin, President	niauve				Date	15/2021			
Signature of Authorized Repr	esentativo				1 - 1	 			
	+	1							
MAIL TO:	\checkmark	[

Division of Business Services

148 W. River Street, Providence. Rhoce Island 02904-2615.

Phone: (401) 222 3040 Website: www.sos.ri.gov