State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

FEB 15 2022
BY: 39528 DS

1. Entity ID Number	2. Exact name of the Corporation
00031934	PROVIDENCE LABEL & TAG CO.

3. Principal Office Address	City	State	Zip
315 Harris Avenue	Providence	RI	02909

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
322230	Engaging in the printing business.
5. State of Incorporation	
RHODE ISLAND	

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

President Name	Street Address	City	State	Zip
Thomas H. Moran	315 Harris Avenue	Providence	RI	02909

Vice-President Name	Street Address	City	State	Zip
James F. Pothier	315 Harris Avenue	Providence	RI	02909

Secretary Name	Street Address	City	State	Zip
Thomas H. Moran	315 Harris Avenue	Providence	RI	02909

Treasurer Name	Street Address	City	State	Zip
Thomas H. Moran	315 Harris Avenue	Providence	RI	02908

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

Director Name	Street Address	City	State	Zip
Thomas H. Moran	315 Harris Avenue	Providence	RI	02909

Director Name	Street Address	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	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
James F. Pothier, Vice President	2-12-22

Signature of Authorized Representative

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov