

State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

FEB 09 2023

BY 9158 DS

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

1. Entity ID Number <u>139048</u>		2. Exact name of the Corporation <u>Joe Pel Printing, Inc.</u>			
3. Principal Office Address <u>10 CORRAL COURT</u>			City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>
4. NAICS Code <u>323111</u>		6. Brief description of the character of business conducted in Rhode Island <u>COMMERCIAL and BUSINESS printing SERVICES</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>SANDRA PELOPIDA</u>			Vice-President Name <u>JOSEPH R. PELOPIDA</u>		
Street Address <u>10 CORRAL COURT</u>			Street Address <u>10 CORRAL COURT</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>
Secretary Name <u>JOSEPH R. PELOPIDA</u>			Treasurer Name <u>SANDRA PELOPIDA</u>		
Street Address <u>10 CORRAL COURT</u>			Street Address <u>10 CORRAL COURT</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>NONE</u>			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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. <u>100 NO PAR VALUE - Voting/ Common</u> Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			<u>100</u>		<u>Voting/ Common</u>
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. <i>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.</i>					
Name of Authorized Representative <u>SANDRA PELOPIDA, President</u>				Date <u>2/6/23</u>	
Signature of Authorized Representative <u>[Signature]</u>					