

## Department of State - Business Services Division

FILED

Annual Report for the year: 2023  
Corporation

FEB 09 2023

BY 9158  
OS

- 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
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>	City <u>Cranston</u>	State <u>RI</u>									
Zip <u>02921</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>	City <u>Cranston</u>	State <u>RI</u>									
Zip <u>02921</u>		Zip <u>02921</u>										
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
Director Name <u>NONE</u>		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>										
This information is currently of record in the Department of State. <u>1000 NO PAR VALUE - Voting/ Common</u> Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>100</u></td> <td><u>Voting/ Common</u></td> <td><u>NO PAR</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>100</u>	<u>Voting/ Common</u>	<u>NO PAR</u>			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
<u>100</u>	<u>Voting/ Common</u>	<u>NO PAR</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.												
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 <u>SANDRA PELOPIDA, President</u>		Date <u>2/6/23</u>										
Signature of Authorized Representative <u>[Signature]</u>												