



State of Rhode Island

Department of State - Business Services Division

FILED

FEB 09 2023

BY

Handwritten signature and initials

Annual Report for the year: 2023

Corporation

→ 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 40301		2. Exact name of the Corporation KEL-PRINT, INC.			
3. Principal Office Address 969 Park Avenue			City Cranston	State RI	Zip 02910
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island To engage in all types of printing			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Patrick Welch			Vice-President Name Kelleigh Welch		
Street Address 16 East Shore Rd			Street Address 16 East Shore Rd		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Secretary Name Patrick Welch			Treasurer Name Kelleigh Welch		
Street Address 16 East Shore Rd			Street Address 16 East Shore Rd		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			1000	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 Patrick Welch					Date 2/1/23
Signature of Authorized Representative <i>Patrick Welch</i>					

MAIL TO:

Division of Business Services

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