Ter	of State - Busin		Division			-	
Annual Report for th	FILED  MAR 1 7 2023  BY 300						
<ul> <li>→ Filing period: Februa</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$2</li> </ul>							
1. Entity ID Number 148401	2. Exact nam	2. Exact name of the Corporation  Kerry's Warwick Photo, Ltd					
3. Principal Office Address 1944 Warwick Avenue			City Warwick		State RI	Zip 02889	
4. NAICS Code 812921 5. State of Incorporation RI		6. Brief description of the character of business conducted in Rhode (sland Photo Finishing/Video Transfer					
7. List ALL officers (names a	nd addresses)	· · · · · · · · · · · · · · · · · · ·		Che	ck the box to in	dicate an attachment	
President Name Kerry A. Sheridan			Vice-President Name Kerry A. Sheridan				
Street Address 32 Remy Circle			Street Address 32 Remy Circle				
City Warwick	State RI	<sup>Zip</sup> 02886	City Warwick		State RI	<sup>Zip</sup> 02886	
Secretary Name Kerry A. Sheridan			Treasurer Name				
Street Address 32 Remy Circle			Street Address				
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02886	City		State	Zip	
8. List ALL directors (names	and addresses)				ck the box to in	dicate an attachment	
Director Name Kerry A. Sheridan			Director Name				
Street Address 32 Remy C	ircle		Street Addres	S			
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02886	City		State	ZIp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Iss	ued	Chec	k the box to inc	dicate an attachment	
This information is currently of record in the Department of State.  Changes require an additional filling.		NUMBER OF SHARES		CLASS/SERIES PAR		PAR VALUE	
		1,000		CNP	CNP \$0		
11. This report must be executrustee, this report must be executrustee, this report must be execution for the execution of th	xecuted on behalf of declare and affirm ti	the corporation by t hat I have examine	he receiver or tr ed this report, in	ustee.			
statements, and that all sta Name of Authorized Represe Kerry A. Sheridan			Date 3	14/23			
Signature of Authorized Repr	esentative		0	<u> </u>	<del> </del>	<del></del>	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.n.gov