



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2023**  
**Corporation**

APR 25 2023

*20606a*

- 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<br>1396   |             | 2. Exact name of the Corporation<br>Artistic Label Comany, Inc.   |                             |              |                |
| 3. Principal Office Address<br>60 Gilbane St.   |             |   | City<br>Warwick             | State<br>RI  | Zip<br>02886   |
| 4. NAICS Code<br>339999   |             | 6. Brief description of the character of business conducted in Rhode Island<br>Manufacturing of labels                |                             |              |                |
| 5. State of Incorporation<br>RI   |             |   |                             |              |                |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |             |   |                             |              |                |
| President Name<br>Ellen M. Kaplan   |             |   | Vice-President Name<br>same |              |                |
| Street Address<br>PO Box 20037  |             |   | Street Address              |              |                |
| City<br>Cranston  | State<br>RI | Zip<br>02920  | City                        | State        | Zip            |
| Secretary Name<br>same  |             |   | Treasurer Name<br>same      |              |                |
| Street Address  |             |   | Street Address              |              |                |
| City  | State       | Zip   | City                        | State        | Zip            |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |   |                             |              |                |
| Director Name<br>Ellen M. Kaplan  |             |   | Director Name               |              |                |
| Street Address<br>same  |             |   | 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 <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.<br><br>Changes require an additional filing.  |             | NUMBER OF SHARES  |                             | CLASS/SERIES | PAR VALUE      |
|   |             | 700   |                             | 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. |             |   |                             |              |                |
| <b>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.</b>                                       |             |   |                             |              |                |
| Name of Authorized Representative<br>Ellen M. Kaplan  |             |   |                             |              | Date<br>4/6/23 |
| Signature of Authorized Representative<br><i>Ellen M. Kaplan</i>  |             |   |                             |              |                |

MAIL TO:  
 Division of Business Services  
 140 Mt. Pleasant Street, Providence, Rhode Island 02904