



State of Rhode Island

Department of State - Business Services Division

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.

APR 25 2023

26606a

1. Entity ID Number 1396		2. Exact name of the Corporation Artistic Label Comany, Inc.			
3. Principal Office Address 60 Gilbane St.		City Warwick		State RI	Zip 02886
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island Manufacturing of labels			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ellen M. Kaplan			Vice-President Name same		
Street Address PO Box 20037			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name same			Treasurer Name same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ellen M. Kaplan			Director Name		
Street Address 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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 700	CLASS/SERIES common	PAR VALUE 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 Ellen M. Kaplan				Date 4/6/23	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
Division of Business Services

140 W. Pine Street, Providence, Rhode Island 02903