



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2021, 2022, 2023
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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S.I. DEPT. OF STATE
BUS SVCS DIV

2023 MAY 18 A 10:28

1. Entity ID Number 000076294		2. Exact name of the Corporation Liquid Blue Inc	
3. Principal Office Address 6 Linlew Dr		City Derry	State NH
Zip 03038			
4. NAICS Code 313311	6. Brief description of the character of business conducted in Rhode Island Printing textile		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Paul Roidoulis		Vice-President Name	
Street Address 6 Linlew Dr		Street Address	
City Derry	State NH	City	State
Zip 03038		Zip	
Secretary Name Paul Roidoulis		Treasurer Name Paul Roidoulis	
Street Address 6 Linlew Dr		Street Address 6 Linlew Dr	
City Derry	State NH	City Derry	State NH
Zip 03038		Zip 03038	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		300	Common voting 1.00
		300	Common voting 1.00
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 Paul Roidoulis			Date 5-18-23
Signature of Authorized Representative 			SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAY 18 2023
BY JGVSA
AA 10:29 AM

FORM 630 - Revised: 10/2017