



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2024**

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 12 2024

BY 9321

DS

1. Entry ID Number 139048		2. Exact name of the Corporation Joe Pel Printing, Inc.			
3. Principal Office Address 10 Corral Court			City Cranston	State RI	Zip 02921
4. NAICS Code 32311		6. Brief description of the character of business conducted in Rhode Island Commercial and business printing services			
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 Sandra Pelopida			Vice-President Name Joseph R. Pelopida		
Street Address 10 Corral Court			Street Address 10 Corral Court		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Joseph R. Pelopida			Treasurer Name Sandra Pelopida		
Street Address 10 Corral Court			Street Address 10 Court		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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		
			CLASS/SERIES		
			PAR VALUE		
			100	Voting/Common	No Par
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 Sandra Pelopida					Date 2/6/24
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:

Division of Business Services

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