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State of Rhode Island
Department of State - Business Services Division

FILED
MAR 04 2024
BY

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.

1. Entity ID Number	2. Exact name of the Corporation
000031934	PROVIDENCE LABEL & TAG CO.

3. Principal Office Address	City	State	Zip
315 Harris Avenue	Providence	RI	02909

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
322230	Engaging in the printing business.
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Thomas H. Moran			Vice-President Name: James F. Pothier		
Street Address: 315 Harris Avenue			Street Address: 315 Harris Avenue		
City: Providence,	State: RI	Zip: 02909	City: Providence	State: RI	Zip: 02909
Secretary Name: Thomas H. Moran			Treasurer Name: Thomas H. Moran		
Street Address: 315 Harris Avenue			Street Address: 315 Harris Avenue		
City: Providence	State: RI	Zip: 02909	City: 315 Harris Avenue	State: RI	Zip: 02909

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Thomas H. Moran			Director Name		
Street Address: 315 Harris Avenue			Street Address		
City: Providence	State: RI	Zip: 02909	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	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.

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: James F. Pothier, Vice President

Date: 3/01/24

Signature of Authorized Representative

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

FORM 630- Revised. 12/2023