



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

APR 15 2024

BY *[Signature]* 16234

1. Entity ID Number 144928		2. Exact name of the Corporation MINIFOLD, INC.			
3. Principal Office Address 9 Warren Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 323120		6. Brief description of the character of business conducted in Rhode Island Finishes and binding for printed material			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Elaine M. Brissart			Vice-President Name Elaine M. Brissard		
Street Address 9 Warren Avenue			Street Address 9 Warren Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Elaine M. Brissart			Treasurer Name Elaine M. Brissart		
Street Address 9 Warren Avenue			Street Address 9 Warren Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Elaine M. Brissart			Director Name		
Street Address 9 Warren Avenue			Street Address		
City East Providence	State RI	Zip 02914	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.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			50	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 Elaine M. Brissart, President				Date 4-1-24	
Signature of Authorized Representative <i>Elaine M. Brissart</i>					

## MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov