



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) Check the box to indicate an attachment <input type="checkbox"/>							
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) Check the box to indicate an attachment <input type="checkbox"/>							
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 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
			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>							