



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024 Amended
Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
24 JUN 24 AM 9:20:22

1. Entity ID Number <u>22492</u>		2. Exact name of the Corporation <u>BRANCH GRAPHICS, INC</u>			
3. Principal Office Address <u>83 B POWER ROAD</u>		City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02865</u>	
4. NAICS Code <u>322299</u>		6. Brief description of the character of business conducted in Rhode Island <u>COMMERCIAL GRAPHICS + PRINTING</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>PAUL Carroll</u>			Vice-President Name		
Street Address <u>107 OLD RIVER RD.</u>			Street Address		
City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02865</u>	City <u>SAME</u>	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	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		
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. <u>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.</u>					
Name of Authorized Representative <u>PAUL A. Carroll</u>			Date <u>6/24/24</u>		
Signature of Authorized Representative <u>[Signature]</u>			JUN 24 2024 BY <u>PS</u>		

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



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

June 24, 2024 09:20 AM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore
Secretary of State

