

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000000514

**FILED  
Mar 25, 2019  
Secretary of State  
7998871391CC**

**Entity Name:** ALPHAGRAPHICS, INC.

**Current Principal Place of Business:**

143 UNION BOULEVARD,  
SUITE 650  
LAKEWOOD , CO 80228

**Current Mailing Address:**

143 UNION BOULEVARD,  
SUITE 650  
LAKEWOOD , CO 80228 US

**FEI Number:** 86-0250315

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           FIORELLI, PAOLO  
Address        143 UNION BOULEVARD,  
                  SUITE 650  
City-State-Zip: LAKEWOOD CO 80228

Title           PRESIDENT  
Name           FARRIS, RYAN  
Address        143 UNION BOULEVARD,  
                  SUITE 650  
City-State-Zip: LAKEWOOD CO 80228

Title           CFO  
Name           HODGE, CAMDEN  
Address        143 UNION BOULEVARD,  
                  SUITE 650  
City-State-Zip: LAKEWOOD CO 80228

Title           DIRECTOR, SECRETARY, VP  
Name           SPACCIA, SAMUELE  
Address        143 UNION BOULEVARD,  
                  SUITE 650  
City-State-Zip: LAKEWOOD CO 80228

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RYAN FARRIS

**PRESIDENT**

**03/25/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date