



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
148 W. River St.  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>20612</b>		2. Name of Corporation <b>RICHMOND GRAPHIC PRODUCTS, INC.</b>		
3. Street Address Principal Business Office <b>20 INDUSTRIAL DRIVE</b>		City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>
4. Business Phone No. <b>401.233.2700</b>		5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief Description of the Character of Business Conducted in Rhode Island <b>TO DEAL IN ANY AND ALL MACHINERY OR OTHER ITEMS OF A MECHANICAL NATURE</b>				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>HUGH C. NEVILLE</b>		Vice President Name		
Street Address <b>69 LAMSON RD</b>		Street Address		
City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>	City	State <b>RI</b>
Secretary Name <b>DOUGLAS A. GIRON</b>		Treasurer Name <b>DELORIS A. GRIFFEG</b>		
Street Address <b>1080 MAIN STREET</b>		Street Address <b>188 PROGRESS AVENUE</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>HUGH C. NEVILLE</b>		Director Name <b>HUGH C. NEVILLE, II</b>		
Street Address <b>69 LAMSON RD</b>		Street Address <b>16 JUNIPER STREET</b>		
City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>BARRINGTON</b>	State <b>RI</b>
Director Name <b>DELORIS A. GRIFFEG</b>		Director Name		
Street Address <b>188 PROGRESS AVENUE</b>		Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
<b>1,000 NO PAR VALUE</b>			<b>100</b>	<b>common</b>
				<b>NO PAR VALUE</b>

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.



\*20612

File Date **FILED**

Check No. **SEP 21 2007**

By: **2884**

SECRETARY OF STATE USE ONLY

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.

Signature **HUGH C. NEVILLE** Date **9/19/07**

Print or Type Name **HUGH C. NEVILLE**

Title **PRESIDENT**