STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, *Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
6714	J. B. FOLEY PRINTING COMPANY, INC.			
3. Street Address Principal Business Office		City	State	Zip
999 Chalkstone Ave		Providence	RI	02908
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(401) 351 5700	Rhode Island			

7. Brief Description of the Character of Business Conducted in Rhode Island
Printing Business

8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Thomas P. Giammatteo, Jr.					
Street Address			Street Address		
1469 Broad St.					
City	State	Zip	City	State	Zip
Providence	RI	02903			
Secretary Name			Treasurer Name		
Thomas P. Giammatteo, Jr.			Thomas P. Giammatteo, Jr.		
Street Address			Street Address		
1469 Broad St.			1469 Broad St.		
City	State	Zip	City	State	Zip
Providence	RI	02903	Providence	RI	02903

9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

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

10. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐ **11. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000	Common	No Par Value	200	Common	No Par Value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

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 of Officer *Date*

THOMAS P. GIAMMATTEO

Print or Type Name of Officer

PRESIDENT

Title of Officer

[redacted]

FILED
File Date MAR 06 2008
Check No. By 8594
By:
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03