



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 2008

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. 73576		2. Name of Corporation Boulay, Inc.			
3. Street Address Principal Business Office 730 Kingstown Rd.			City Wakefield	State RI	Zip 02879
4. Business Phone No. (401) 738-6770		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Wholesale and Retail Paper Production, Reproduction, Duplication and Photocopying, Etc.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Donald H. Boulay			Vice President Name		
Street Address 81 Buttonwoods Road 62 Somerset St			Street Address		
City EAST GREENWICH Wyoming	State RI	Zip 02878 02878	City	State	Zip
Secretary Name			Treasurer Name Carol A. Boulay		
Street Address			Street Address 62 Somerset St 81 Buttonwoods Road		
City	State	Zip	City EAST GREENWICH Wyoming	State RI	Zip 02878 02898
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Donald H. Boulay			Director Name Carol A. Boulay		
Street Address 81 Buttonwoods Road Same			Street Address 81 Buttonwoods Road Same		
City Wyoming	State RI	Zip 02898	City Wyoming	State RI	Zip 02898
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	Par Value
600	Comm No	Par Value	600	Common	Par
			THIS SECTION MUST BE COMPLETED		

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.

File Date **FILED**

Check No. **APR 08 2008**

By: **30674 16445**

FOR 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.

Donald H. Boulay 1-27-08
Signature Date

Donald H. Boulay
Print or Type Name
President
Title