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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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.	2. Name of Corporation		
31835	PROPRINT INCORPORATED		
3. Street Address Principal Business Office	City	State	Zip
1145 Atwood Avenue	Johnston	RI	02919-0000
4. Business Phone No.	5. State of Incorporation		
(401) 944-3855	RI		

6. Brief Description of the Character of Business Conducted in Rhode Island
printing services

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

President Name			Vice President Name		
Ronald F. DeStefano			David M. DeStefano		
Street Address			Street Address		
62 Countryside Drive			46 Fox Ridge Drive		
City	State	Zip	City	State	Zip
North Providence	RI	02904-	Cranston	RI	02921-
Secretary Name			Treasurer Name		
Nancy E. DeStefano			Ronald F. DeStefano		
Street Address			Street Address		
62 Countryside Drive			62 Countryside Drive		
City	State	Zip	City	State	Zip
North Providence	RI	02904-	North Providence	RI	02904-

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

Director Name			Director Name		
Ronald F. DeStefano			Nancy E. DeStefano		
Street Address			Street Address		
62 Countryside Drive			62 Countryside Drive		
City	State	Zip	City	State	Zip
North Providence	RI	02904-	North Providence	RI	02904-
Director Name			Director Name		
none			none		
Street Address			Street Address		
none			none		
City	State	Zip	City	State	Zip
none	none	none	none	none	none

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	No 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.

[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.

Ronald F. DeStefano — 01/05/09
Signature *Date*

Ronald F. DeStefano
Print or Type Name

President
Title

[redacted]

File Date 1-12-09
Check No. 8319
By: MMC
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29957-12-290787

Form 630 Rev. 08/08