

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

2009

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 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	Ζip				
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 R	hode Island							
printing services									
7. NAMES AND ADDRESSES	OF THE OFFICERS:	"("X" BOX FOR ATTA	Aliche variable de allemania politica la manda i se a proprieda en religio profesione de la companya de la comp	ES BEFORE USING AT	TACHMENTS.				
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					
North Providence	LRI	02904-	Cranston	<u> RI</u>	02921-				
Secretary Name			Treasurer Name						
Nancy E. DeStefano			Ronald F. DeStefano Street Address						
Street Address									
62 Countryside Drive			: 62 Countryside Drive : City State Zin						
North Providence	State RI	Ζφ 02904-	North Providence	State RI	Zip 02904-				
8. NAMES AND ADDRESSES		· ·	;	1					
Director Name			Director Name		· · · · · · · · · · · · · · · · · · ·				
Ronald F. DeStefano Street Address			Nancy E. DeStefano Street Address						
							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						
Сйр	State	Zip	City	State	Zip				
none	none	none	none	none	none				
9. Shares authorized	Salar Salar Belgi		. 10. Shares Issued ("X"	BOX FOR ATTACHMI	ĺvr) 🗆 💛 💮				
			ISSUED SHARES — THIS SECTION	<u>MUST</u> BE COMPLETED					
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.			Number of Shares	Class/Series	Par Value				
			100		N. D.				
			100	Common	No Par				
			THIS SECTION	Minal ar arm.	200 2.5				
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This report must be executed of	on behalf of the corne	oration by an authorized	representative. If the corpora	tion is in the hands of	a receiver or trustee.				
this report must be executed or	_	_							

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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. 01/05/09 Signature Date Ronald F. DeStefano Print or Type Name President

Title