



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 2009

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 80415 2. Name of Corporation RJH Printing, Inc.  
3. Street Address Principal Business Office 6770 Post Road City North Kingstown State RI Zip 02852  
4. Business Phone No. 401-885-6262 5. State of Incorporation RHODE ISLAND 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
TO ACQUIRE BY PURCHASE, LEASE OTHERWISE AND TO OWN, OPERATE AND MAINTAIN A BUSINESS FOR THE PURPOSE OF PRINTING AND BINDING.

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

President Name Raoul Holzinger Vice President Name Raoul Holzinger  
Street Address 6770 Post Road Street Address 6770 Post Road  
City North Kingstown State RI Zip 02852 City North Kingstown State RI Zip 02852  
Secretary Name Raoul Holzinger Treasurer Name Raoul Holzinger  
Street Address 6770 Post Road Street Address 6770 Post Road  
City North Kingstown State RI Zip 02852 City North Kingstown State RI Zip 02852

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

Director Name Raoul Holzinger Director Name None  
Street Address 6770 Post Road Street Address  
City North Kingstown State RI Zip 02852 City State Zip  
Director Name None Director Name None  
Street Address Street Address  
City State Zip City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
4000 COMMON NO PAR VALUE

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
1000 COMMON NO PAR

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



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File Date 1-27-09  
Check No. 6446  
By: mnc  
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.

Signature of Officer Raoul Holzinger Date 1/27/2009  
Print or Type Name of Officer  
President  
Title of Officer