

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(cod)) is

subject to a penalty fee of \$25.00.			•	•		
1. Corporate ID No. 66711		rporation Printing, Inc.				
3. Street Address Principal Business Office 211 Weeden Street			^{City} Pawtucket	State RI	^{Ζφ} 02860	
4. Business Phone No. 5. State of Incorporation Rhode Island						
6. Brief Description of the Charac To acquire, own & opera	te printing and r	elated businesses.				
7: NAMES AND ADDRESS President Name Robert T. Chito	estor the ovi	IGERS: ('X' BOX FOR ATTA	CHMENT) J FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name			
Street Address 211 Weeden Street			Street Address			
City Pawtucket	State RI	^{2ip} 02860	City	State	Zip	
Secretary Name Robert T. Chito			Treusurer Name Robert T. Chito			
Street Address 211 Weeden Street			Street Address 211 Weeden Street			
City Pawtucket	State RI	^{Zip} 02860	City Pawtucket	State RI	^{Zip} 02860	
8. NAMPS AND ADDRESS Director Name Robert T. Chito	es of the dir	ECTORS: CX* BOX FOR ATT	ACHMENT) [RILL] Director Name	n spacés before usin	G AT ACHMENIS	
Street Address 211 Weeden Street			Street Address			
<i>cււր</i> Pawtucket	State RI	2tp 02860	Сйу	State	Zψ	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED				CX BOX FOR ATTAC		
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	
			5,000	Common	\$1.00 par	
				CITON WUST BE F		
This report must be execute this report must be executed	ed on behalf of t	he corporation by an authorize	d representative. If the	corporation is in the hand	s of a receiver or trustee,	

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Under penalty of perjury, I declare and affirm that I have examined this repor	t,
including any accompanying schedules and statements, and that all statement	ts
contained herein are true and correct.	

John J. Partridge

Print or Type Name

Assistant Secretary

Schofield Printing, Inc.

66711

Additional Officer:

Assistant Secretary: John J. Partridge, 180 South Main Street, Providence, RI 02903

