

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(e&d)) is subject to a penulty fee of \$25.00.

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1. Corporate ID No. 136334	2. Name of Corporation Bristol Printing				
3. Street Address Principal Business Office 380 METACOM AVENUE			BRISTOL	State RI	^{Zip} 02809
4. Business Phone No. 5. State of Incorporation (401) 253-0136 Rhode Island					
6. Brief Description of the Character of Commercial Printing	f Business Conducted in Ri	bode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name William Banahan			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name William Banahan		
Street Address 380 METACOM AVENUE			Street Address 380 METACOM AVENUE		
Gity BRISTOL	State RI	^{Zip} 02809	Giti BRISTOL	State RI	^{Zip} 02809
Secretary Name William Banahan			Treasurer Name William Banahan		
Street Address 380 METACOM AVENUE			Street Address 380 METACOM AVENUE		
BRISTOL	State RI	^{2ip} 02809	Gity BRISTOL	State RI	^{Zip} 02809
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name William Banahan			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
Street Address 380 METACOM AVENUE			Street Address		
City BRISTOL	State RI	<i>Zφ</i> 02809	Gity	State	被8
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	765 ₹
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST 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	COMMON	None
This report must be executed this report must be executed of t			or trustee. Under penalty of perjury	y, I declare and affirm that sying schedules and state and correct.	at I have examined this report ments, and that all statemen
FOR SECRETARY OF STA	TE USE ONLY		President		
TOR BECRETART OF STA	COL OITH	J	Title		Form 630 Rev. 08/08