

FOR SECRETARY OF STATE USE ONLY

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.

Corporate ID No. 10728	2. Name of Corpor SHEEHAN'S	2. Name of Corporation SHEEHAN'S OFFICE PRODUCTS, INC.				
Street Address Principal Business Office 524 PARK AVENUE - P.O. BOX 232			PORTSMOUTH	RI State	02871	
t. Business Phone No. (401) 683-3150 5. State of Incorpor						
Detailor of Office Fur	baracter of Business Conductorniture and Office Supp	olles	THE CHIMENT OF THE IN SI	PACES REFORE USING A	TTACHMENTS	
	RESSES OF THE OFFIC	CERS: ("X" BOX FOR A	TTACHMENT) J FILL IN SI	THEED DATE OF THE THE		
President Name John H. Sheehan, III			STEPHEN L. HOLE			
Street Address			Street Address			
524 Park Avenue			524 Park Avenue		Zip	
City: Portsmouth	State RI	<sup>ズφ</sup> 02871	City Portsmouth	State RI	02871	
Secretary Name John H. Sheehan, III			Treasurer Name John H. Sheehan, III			
Street Address SEE ABOVE			Street Address SEE ABOVE			
cïty	State	Zip	Сц	State	Zip	
John H. Sheehan, III  Street Address 524 Park Avenue			R ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name  Street Address  City: State Zip			
City	State	Ζώρ   <b>02871</b>	Cny			
Portsmouth  Director Name	] RI	102071	Director Name			
Street Address			Street Address		·	
City	State	Zip	Сиу	State	Zip	
9. SHARES AUTHOI	RIZED			("X" BOX FOR ATTACE ECTION MUST BE COMPLETED	HMENT) [	
d of section the Office of the Secret			ry of Number of Shares	Class/Series	Par Value	
This information is currently of record in the Office of the Secreta State. Changes require an additional filing. See Section 9 of instruction sheet.			200	соммон	\$1.00 PAR VALI	
This report must be this report must be	executed on behalf of executed on behalf of t	the corporation by an au	thorized representative. If the ceiver or trustee.	corporation is in the hand	s of a receiver or trustee	
			including any ac	perjury, I declare and affirm companying schedules and st	that I have examined this re- atements, and that all stater	
File Date	Marie garde		( (arl	are true and correct.	2/24/69	
1110 12000			Signature	,	Date	
Check No. FEB 2	3 5 ZUUS		DAVID F. I	FOX		

Print or Type Name

Title

ASSISTANT SECRETARY

Form 630 Rev. 08/08

## RE: SHEEHAN'S OFFICE PRODUCTS, INC./#10728

ATTACHMENT TO SECTION 7. - Names & Addresses of Officers

Assistant Secretary - David F. Fox, Esq.

LAW OFFICES OF DAVID F. FOX

Middletown Commons

850 Aquidneck Avenue B-11

Middletown, RI 02842

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By 10718