

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

\* 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(eccid)) is

Corporate ID No.	2. Name of Corpora	tion			
4487	COLONIAI	PRINTING COMPANY	, INC.		T zzi
Street Address Principal Busine			City	State	<sup>Ζip</sup> 02886
333 Strawberry	Field Road		Warwick	RI	102000
Business Phone No.	<u> </u>	5. State of Incorporation			
		RHODE ISLAND			
Brief Description of the Charac DEVELOPMENT, D EQUIPMENT, MAT NAMES AND ADDRESS	cter of Husiness Conducted ESIGN PRODUCE ERIALS, PRODUCES SES OF THE OFFICE	in Rhode Island CTION SALES, DIST UCTS AND PRINTED I	TRIBUTION AND MATTER "HMENT) [ FILL IN S	AINTENANCE OF P PACES BEFORE USING	PRINTING ATTACHMENTS
resident Name			Kenneth R. Menna		
Raymond G. Menna			: Kenneth K. Henna		
reet Address			333 Strawberr	v Field Road	
333 Strawberry Field Road			City	State	Zip
<u>Iv</u>	State	<i>Ζψ</i>	Warwick	RI	02886
Warwick	RI	02886	Treasurer Name		***************************************
secretary Name			Raymond G. Menna		
Raymond G. Menna			Street Address		
Street Address			333 Strawberry Field Road		
333 Strawberry		Zip	City	State	Zip
ity	State	22226	The second of the	RI	02886
Warwick	RI	02886 Tors: ("X" box for att	ACHMENT) TILL IN	SPACES BEFORE USIN	NG ATTACHMENTS
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irector Name			•		
Raymond G. Mer	nna		Street Address		<del></del>
treet Address	. Edold Dood				
333 Strawberr	State	Zip	City	State	Zip
'Ity	RI	02886			
Warwick			Director Name		
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	State	Zip	City	State	Zip
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S OTTABLE ATTUMPIN	l BD	•	10. SHARES ISSUEI	("X" BOX FOR ATTA	CHMENT)
9. SHARES AUTHORIZED			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		OCC - Caba Canadami of	Number of Shares	Class/Series	Par Value
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of					NO DAD WATES
			500	COM	NO PAR VALU
instruction sheet.					
		ne corporation by an authorize	red representative. If the	corporation is in the har	nds of a receiver or trustee
This report must be exe	cuted on behalf of the	e corporation by an audioriz	or trustee.	•	
this report must be exec	cuted on behalf of th	e corporation by the receiver	**		
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			Under penalty o	f perjury, I declare and affir	m that I have examined this r I statements, and that all state
			including any ac	ecompanying schedules and are true and correct.	omenens, and ome all suc-
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By:	Y OF STATE USE ONLY	ļ	PRESID.	<u>6707</u>	