State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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(c)(d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
4487	COLONIAL PRINTING COMPANY, INC.

3. Street Address Principal Business Office	City	State	Zip
333 Strawberry Field Road	Warwick	RI	02886

4. Business Phone No.	5. State of Incorporation
(401) 691.3400	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
DEVELOPMENT, DESIGN, PRODUCTION, SALES, DISTRIBUTION AND MAINTENANCE OF PRINTING EQUIPMENT, MATERIALS, PRODUCTS AND PRINTED MATTER

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

President Name	Vice President Name
Raymond G. Menna	Kenneth R. Menna
Street Address: 333 Strawberry Field Road	Street Address: 333 Strawberry Field Road
City: Warwick · State: RI · Zip: 02886	City: Warwick · State: RI · Zip: 02886
Secretary Name	**Treasurer Name**
Raymond G. Menna	Raymond G. Menna
Street Address: 333 Strawberry Field Road	Street Address: 333 Strawberry Field Road
City: Warwick · State: RI · Zip: 02886	City: Warwick · State: RI · Zip: 02886

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

Director Name	Director Name
Raymond G. Menna	
Street Address: 333 Strawberry Field Road	Street Address:
City: Warwick · State: RI · Zip: 02886	City: · State: · Zip:
Director Name	**Director Name**
Street Address:	Street Address:
City: · State: · Zip:	City: · State: · Zip:

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
500	COM	NO PAR VALUE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

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] ✓ 3/1/09
Signature *Date*

✓ RAYMOND G. MENNA
Print or Type Name

[redacted] ✓ PRESIDENT
Title

File Date 3-5-09
Check No. 8510
By: mnc
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