

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(cc\*d)) is subject to a penalty fee of \$25.00

1. Corporate ID No. 60058	2. Name of Corporation VANCO INDUS	2. Name of Corporation VANCO INDUSTRIES, INC.			
3. Street Address Principal Business Office 18 Pound Hill Road			City North Smithfield	State Rhode Island	2ψ <b>02896</b>
4. Business Phone No. 5. State of Incorporation RHODE ISLAND				L	1
<ol><li>Brief Description of the Characteristing, Engraving and</li></ol>	ter of Business Conducted in Publishing	Rhode Island			
7. NAMES AND ADDRESS President Name	SES OF THE OFFICERS	6: ("X" BOX FOR ATTA	CHMENT) [ FILL IN SI	PACES BEFORE USING A	TTACHMENTS
James K. Salome			Vice President Name Marzena M. Salome		
Street Address 18 Pound Hill Road			Street Address 18 Pound Hill Road		
City North Smithfield	State Rhode Island	<sup>Zip</sup> 02896	North Smithfield	State Rhode Island	Zip 02896
Secretary Name Marzena M. Salome			Treasurer Name James K. Salome		
Street Address 18 Pound Hill Road			Street Address 18 Pound Hill Road		
City North Smithfield	State Rhode Island	<sup>Zip</sup> 02896	City North Smithfield	State Rhode Island	<sup>Zip</sup> 02896
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT) Director Name  James K. Salome			Director Name		ATTACHMENTS
Street Address 18 Pound Hill Road			Street Address		10
<sub>்ய</sub> North Smithfield	State Rhode Island	2ip 02896	City	State	Zap.
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
). SHARES AUTHORIZED	l	I	10. SHARES ISSUED ( ISSUED SHARES — THIS SECT	"X" BOX FOR ATTACHN ION MUST BE COMPLETED	MENT)
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		NO PAR
his report must be execute	ed on behalf of the corp	poration by an authorize	d representative. If the cor	poration is in the hands o	of a receiver or trustee

	FILED	
File Date  Check No.	MAR 24 2009	_
Ву:	312625	_
]	FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declar	e and affirm that I have examined this report,
contained herein are true and con	edules and statements, and that all statements rect.
Signature MGR2ENA	M. Scal DMP
Print or Type Name	
Tule	Form 630 Rev. 08/08