



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 02904-2611
401.222.3041

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. **144928** 2. Name of Corporation **MINIFOLD, INC.**

3. Street Address Principal Business Office **9 Warren Avenue** City **East Prov.** State **RI** Zip **02914**

4. Business Phone No. **434-4140** 5. State of Incorporation **Rhode Island**

6. Brief Description of the Character of Business Conducted in Rhode Island

Finishing and binding for printed material

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

President Name **Elaine M. Brissart** Vice President Name **Elaine M. Brissart**

Street Address **9 Warren Avenue** Street Address **9 Warren Avenue**

City **East Prov.** State **RI** Zip **02914** City **East Prov.** State **RI** Zip **02914**

Secretary Name **Elaine M. Brissart** Treasurer Name **Elaine M. Brissart**

Street Address **9 Warren Avenue** Street Address **9 Warren Avenue**

City **East Prov.** State **RI** Zip **02914** City **East Prov.** State **RI** Zip **02914**

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

Director Name **Elaine M. Brissart** Director Name

Street Address **9 Warren Avenue** Street Address

City **East Prov.** State **RI** Zip **02914** City State Zip

Director Name Director Name

Street Address Street Address

City State Zip City State Zip

9. SHARES AUTHORIZED

100 No Par Value Common

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
50	Common	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.

File Date **FILED**
Check No. **MAR 31 2009**
By **2613**
FOR SECRETARY OF STATE USE ONLY

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 **Elaine Brissart** Date **3-27-09**
Print or Type Name **Elaine M. Brissart**
Title **President**