



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. 56879		2. Name of Corporation GEORGE'S PRINTING SERVICES INC			
3. Street Address Principal Business Office 635 ARNOLD ROAD		City COVENTRY	State RI	Zip 02816	
4. Business Phone No. 823-0090		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island QUICK PRINTING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JEANNETTE CABRAL		Vice President Name			
Street Address 196 STUBBLEBROOK RD.		Street Address			
City WEST GREENWICH	State RI	Zip 02817	City	State	Zip
Secretary Name JEANNETTE CABRAL		Treasurer Name			
Street Address 196 STUBBLEBROOK RD.		Street Address			
City W. GREENWICH	State RI	Zip 02817	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JEANNETTE CABRAL		Director Name			
Street Address 196 STUBBLEBROOK RD.		Street Address			
City W. GREENWICH	State RI	Zip 02817	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
		Number of Shares 800	Class/Series	Par Value NO PAR VALUE	
		none	none	none	

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	9/15/09
Check No.	6268
By:	ICM
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
JEANNETTE M. CABRAL
Date
9-9-09
Print or Type Name
JEANNETTE M. CABRAL
Title
PRESIDENT