

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 2010

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

itreet Address 3874 Highland Park NW	or of Business Conduc Format Printers a	and Copiers	North Canton	State OH	44720	
330-494-8189 Brief Description of the Characte Sales & Service of Large f NAMES AND ADDRESSE President Name Austin Vanchieri Breet Address 3874 Highland Park NV	Format Printers a	OH ted in Rhode Island and Copiers				
Sales & Service of Large for NAMES AND ADDRESSE President Name Austin Vanchieri Street Address 3874 Highland Park NW	Format Printers a	and Copiers				
resident Name Austin Vanchieri Breet Address 3874 Highland Park NW	ES OF THE OFFI	CERS: ("X" BOX FOR ATTA		on and prinone Maine	· «ተማኝ « «ፕሮክርያ ነነ ከነጥሮ	
Austin Vanchieri ^{Breed Address} 3874 Highland Park NW			CHMENT) TELL IN S	SPACES BEFORE USING	ATTACHMENTS	
itreet Address 3874 Highland Park NW	President Name Austin Vanchieri Street Address 3874 Highland Park NW			Yvonne Brown Street Address 3874 Highland Park NW		
3874 Highland Park NV						
City	State	Zip 44700	City	State OH	^{Ζίρ} 44720	
North Canton	ОН	44720	North Canton		1:::::23	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
B. NAMES AND ADDRESSI Director Name Austin Vanchieri	ES OF THE DIRE	CTORS: ("X" BOX FOR AT	TACHMENT)	N SPACES BEFORE USIN	NG ATTACHMENTS	
Street Address 3874 Highland Park NW			Street Address			
City	State	Zip	City	State	Zip	
North Canton	ОН	44720				
Director Name		•••••	Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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	
			1,500	CNP	0	
This report must be arrest	tad on behalf of	he corporation by an authori	zed representative. If the	corporation is in the har	ads of a receiver or	
this report must be execut	icu on behalf of t	ne corporation by an authori ne corporation by the receive	r or trustee.	corporation to me mo man		
uns report must be execute	ed on ochan of th	to corporation by the receive				

contained herein are true and correct. Signature ro nne Print of Type Name FOR SECRETARY OF STATE USE ONLY Title Form 630 Rev. 08/08