



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 02901-2615  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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(e)(d)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                            |             |                                                                     |                     |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------|---------------------|---------------------|
| 1. Corporate ID No.<br>000014110                                                                                                                           |             | 2. Name of Corporation<br>HALLADAY INCORPORATED                     |                     |                     |
| 3. Street Address Principal Business Office<br>20 SULLIVAN LANE                                                                                            |             | City<br>BRISTOL                                                     | State<br>RI         | Zip<br>02809        |
| 4. Business Phone No.<br>401-438-4300                                                                                                                      |             | 5. State of Incorporation<br>RI                                     |                     |                     |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>MARKETING / PRINTING                                                        |             |                                                                     |                     |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                                                     |                     |                     |
| President Name<br>ALLAN W HALLADAY                                                                                                                         |             | Vice President Name<br>SAME                                         |                     |                     |
| Street Address<br>20 SULLIVAN LANE                                                                                                                         |             | Street Address                                                      |                     |                     |
| City<br>BRISTOL                                                                                                                                            | State<br>RI | Zip<br>02809                                                        | City                | State               |
| Secretary Name<br>SAME                                                                                                                                     |             | Treasurer Name<br>SAME                                              |                     |                     |
| Street Address                                                                                                                                             |             | Street Address                                                      |                     |                     |
| City                                                                                                                                                       | State       | Zip                                                                 | City                | State               |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                                                     |                     |                     |
| Director Name<br>SAME                                                                                                                                      |             | Director Name                                                       |                     |                     |
| Street Address                                                                                                                                             |             | Street Address                                                      |                     |                     |
| City                                                                                                                                                       | State       | Zip                                                                 | City                | State               |
| Director Name                                                                                                                                              |             | Director Name                                                       |                     |                     |
| Street Address                                                                                                                                             |             | Street Address                                                      |                     |                     |
| City                                                                                                                                                       | State       | Zip                                                                 | City                | State               |
| 9. SHARES AUTHORIZED<br>1,500                                                                                                                              |             | 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<br>1,500                                           | Class Series<br>STK | Par Value<br>\$0.00 |
|                                                                                                                                                            |             |                                                                     |                     |                     |

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.

FILED

File Date FEB 11 2011  
Check No.  
By: BY 29635

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: [Signature] Date: 2/9/11  
Print or Type Name: ALLAN W. HALLADAY  
Title: PRESIDENT