



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 2012**

**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. <b>75171</b>		2. Name of Corporation <b>PrintCraft Inc.</b>						
3. Street Address Principal Business Office <b>3076 Post Road</b>				City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>		
4. Business Phone No. <b>401.739.0700</b>			5. State of Incorporation <b>RI</b>					
6. Brief Description of the Character of Business Conducted in Rhode Island <b>Commercial Printing</b>								
<b>7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS.</b>								
President Name <b>Stephen R. Schofield</b>				Vice President Name <b>Stephen R. Schofield</b>				
Street Address <b>3076 Post Road</b>				Street Address <b>3076 Post Road</b>				
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>			
Secretary Name <b>Stephen R. Schofield</b>				Treasurer Name <b>Stephen R. Schofield</b>				
Street Address <b>3076 Post Road</b>				Street Address <b>3076 Post Road</b>				
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>			
<b>8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS.</b>								
Director Name <b>NONE</b>				Director Name <b>NONE</b>				
Street Address <b>N/A</b>				Street Address <b>N/A</b>				
City	State	Zip	City	State	Zip			
Director Name				Director Name				
Street Address				Street Address				
City	State	Zip	City	State	Zip			
<b>9. SHARES AUTHORIZED: <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED</b>								
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 <b>NONE</b>	Class/Series	Par Value		
				<b>THIS SECTION MUST BE COMPLETED</b>				

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.

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.

*Stephen R. Schofield*  
Signature  
**Stephen R. Schofield**  
Print or Type Name  
**President**  
Title  
Date **1/27/12**

**FILED**  
File Date  
**JAN 31 2012**  
Check No.  
**13629**  
FOR SECRETARY OF STATE USE ONLY