

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Corporate ID No. 2. Name of Corporation 80415 RJH Printing, Inc.			and the second s	anaka samanin (4),000 da da mara anaka sana angala (2),000 da mara angala da mara angala da mara angala da mar		
3. Street Address Principa	Business Office		City	State	7in	
6770 Post Road			North Kingstown	RI	<i>Zip</i> 02852	
4. Business Phone No.		5. State of Incorp			6. SIC Code	
401-885-6262 RHODE ISLA					0. SIC Code	
7. Brief Description of the	Character of Business	Conducted in Rhode Island				
PRINTING RINDIN	RCHASE, LEASE	OTHERWISE AND TO	OWN, OPERATE AND MAINTAIN	A BUSINESS FO	R THE PURPOSE	
SOUTH A BOOK TO SERVE		regionalistics, chiles				
<i>President Name</i> Raoul Holzinger			Vice President Name	Vice President Name		
Street Address			.Raoul Holzinger			
6770 Post Road			Street Address			
			.same			
<i>City</i> North Kingstown	State RI	Zip	City	State	Zip	
ecretary Name	· · · · · · · · · · · · · · · · · · ·	02852			1	
Raoul Holzinger			Treasurer Name		, , , ; , , , , , , , , , , , , , , , ,	
Street Address			Raoul Holzinger			
Same			Street Address	_		
			Same			
City	State	Zip	City	State	Zip	
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Director Name	Margin (M.A. Herry)	RESOLUTION DE LA COMPANION DE		in agains and	GPSPATER IN TOP 60 \$	
Raoul Holzinger			Director Name			
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lity	State	Zip	·City	State	Zip	
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Director Name			Director Name			
None			• None	• None		
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THE COURT OF THE STATE OF THE S			S. P. Park Branch Comment	Se distribution		
UTHORIZED SHARES umber of Shares	Cl10		ISSUED SHARES			
The second of Director	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
000	Common	No Par	1000	Common	No De	
				Common	No Par	
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iis report must be si	<mark>gned in ink</mark> by eit.	her the President, Vic	ce President, Secretary, Assistant	Secretary Treas	rer Receiver on	
	-	,	, ==== 0.0010141112	Secretary, freust	ner, Receiver or	
8) (8)((#8 11)	Dina) ilehi ap					

FILED

File Date______

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By:

FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements controlled herein are true and correct.

Signature of Officer

Print or Type Name of Officer

President Title of Officer

Form 630 12/01