



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. 10728		2. Name of Corporation SHEEHAN'S OFFICE PRODUCTS, INC.			
3. Street Address Principal Business Office 524 PARK AVENUE - P.O. BOX 232			City PORTSMOUTH	State RI	Zip 02871
4. Business Phone No. (401) 683-3150		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island RETAILER OF OFFICE FURNITURE AND OFFICE SUPPLIES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN H. SHEEHAN, III			Vice President Name JOHN H. SHEEHAN, III		
Street Address 524 PARK AVENUE			Street Address 524 PARK AVENUE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Secretary Name JOHN H. SHEEHAN, III			Treasurer Name JOHN H. SHEEHAN, III		
Street Address SEE ABOVE			Street Address SEE ABOVE		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOHN H. SHEEHAN, III			Director Name		
Street Address 524 PARK AVENUE			Street Address		
City PORTSMOUTH	State RI	Zip 02871	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) ☐		
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 200	Class/Series COMMON	Par Value \$1 PAR VALUE

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 14 2012**

Check No. **3328**

By: **3328**

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 **David F. Fox**

Print or Type Name

ASSISTANT SECRETARY

Title

Date **2/13/12**

RE: SHEEHAN'S OFFICE PRODUCTS, INC. ID #10728

ATTACHMENT TO
SECTION 7. - Names & Addresses of Officers

Assistant Secretary -

David F. Fox, Esq.
LAW OFFICES OF DAVID F. FOX
Middletown Commons
850 Aquidneck Avenue B-11
Middletown, RI 02842

FILED

FEB 14 2012

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