



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. 139048		2. Name of Corporation Joe Pel Printing, Inc.		
3. Street Address Principal Business Office 10 Corral Court		City Cranston	State RI	Zip 02921
4. Business Phone No. (401) 826-7070		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island Printing for businesses and individuals				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Sandra Pelopida		Vice President Name Joseph R. Pelopida		
Street Address 10 Corral Court		Street Address 10 Corral Court		
City Cranston	State RI	Zip 02921	City Cranston	State RI
Secretary Name Joseph R. Pelopida		Treasurer Name Sandra Pelopida		
Street Address 10 Corral Court		Street Address 10 Corral Court		
City Cranston	State RI	Zip 02921	City Cranston	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name None		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 1000 No Par Value Voting/Common No Par				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares 100		Class/Series Voting/Common		Par Value No-Par
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.				

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 22 2012**
Check No. **4795**
By: **4795**
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 **Sandra Pelopida** Date **2/12/12**
Print or Type Name
Sandra Pelopida
Title
President