



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molis, 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. 5322		2. Name of Corporation CROSTOWN PRESS, INC.			
3. Street Address Principal Business Office 829 PARK AVENUE			City CRANSTON	State RI	Zip 02920
4. Business Phone No. 401-941-4061		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island PRINTING BUSINESS					
7. NAMES AND ADDRESSES OF THE OFFICERS: (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STEVEN H. LEVY			Vice President Name MIRIAM LEVY		
Street Address 829 PARK AVENUE			Street Address 829 PARK AVENUE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name DONNA J. LEVY			Treasurer Name STEVEN H. LEVY		
Street Address 829 PARK AVENUE			Street Address 829 PARK AVENUE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MIRIAM LEVY			Director Name DONNA J. LEVY		
Street Address 829 PARK AVENUE			Street Address 829 PARK AVENUE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Director Name STEVEN H. LEVY			Director Name		
Street Address 829 PARK AVENUE			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED: (X) BOX FOR ATTACHMENT ()					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
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.		Number of Shares	Class/Series	Par Value	
		600	COMMON	NONE	
THIS SECTION MUST BE COMPLETED					

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

MAR 05 2012

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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: *Steven H. Levy* Date: 2/20/12

STEVEN H. LEVY

Print or Type Name

President

Title

FOR SECRETARY OF STATE USE ONLY

File Date: _____

Check No: _____