



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 144928		2. Exact name of the Corporation MINIFOLD, INC.		
3. Principal office address 9 Warren Avenue		City East Providence	State RI	Zip 02914
4. Business Phone No. 434-4140		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Finishing and binding for printed material.				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

President Name Elaine M. Brissart			Vice-President Name Elaine M. Brissart		
Street Address 9 Warren Avenue			Street Address 9 Warren Avenue		
City East Prov.	State RI	Zip 02914	City East Prov.	State RI	Zip 02914
Secretary Name Elaine M. Brissart			Treasurer Name Elaine M. Brissart		
Street Address 9 Warren Avenue			Street Address 9 Warren Avenue		
City East Prov.	State RI	Zip 02914	City East Prov.	State RI	Zip 02914

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

Director Name Elaine M. Brissart			Director Name		
Street Address 9 Warren Avenue			Street Address		
City East Prov.	State RI	Zip 02914	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)**

100 No Par Value Common 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
			50	Common	No 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.

File Date _____
 Check No _____
 By: _____

FILED
MAR 06 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.

Elaine M. Brissart
 Signature of Authorized Representative _____ Date _____
Elaine M. Brissart, President
 Print or Type Name of Authorized Representative

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