

1. Corporate ID No. 113308

3. Street Address Principal Business Office

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2. Name of Corporation
Dennis Printing Co., Inc.

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013 401.222.30

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.

3. Street Address Principal Business	Office		City	Curi	
69 Montgomery Street			Pawtucket	State RI	<sup>Zip</sup> 02860
4. Business Phone No. (401) 725-6354  5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character To own and operate a print	of Business Conducted in ting business	Rhode Island			
7. NAMES AND ADDRESSES	S OF THE OFFICERS	: ("X" BOX FOR ATTA	CHMENT)   FILL IN	SPACES BEFORE USING	ATTACHMENTS
President Name Ronald N. Turenne			Vice President Name		
Street Address			Ronald N. Turenne  Street Address		
99 Castleton Drive			99 Castleton Drive		
Cranston	RI RI	<sup>சம்</sup> 02921	City Cranston	State RI	<sup>Zip</sup> 02921
Ronald N. Turenne			Treasurer Name Ronald N. Turenne		
Street Address 99 Castleton Drive			Street Address 99 Castleton Drive		
City Cranston	State RI	<sup>Zip</sup> 02921	City Cranston	State RI	<sup>Zip</sup> 02921
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT	: <i>TACHMENT)</i>	IN SPACES BEFORE USIN	
Ronald N. Turenne			Director Name		
Street Address 99 Castleton Drive			Street Address		
City	State	Zip	Cin		e om
Cranston	RI	02921	City	State	Zip <b>es</b> (200)
Director Name		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Director Name		
Street Address			Street Address		
City	State	Zip	Сйу	State	Zip ;= 0-1
9. SHARES AUTHORIZED	ı	I	: 10. SHARES ISSUED	   ("X" BOX FOR ATTACI	HMENT) P
			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
			100	Common	\$1.00
This report must be executed this report must be executed of	on behalf of the corp	oration by an authorize	d representative. If the	corporation is in the hands	s of a receiver or trustee,
	•		. Irasioo.		
			Under penalty of p	perjury, I declare and affirm t	hat I have examined this report,
	<u> </u>	FILED C	contained herein a	ompanying schedules and state true and state	tements, and that all statements
File Date		1 ILLU	Fon	101/2 ~	1-2-13
Check No JAN 0 9 2013			Signature Date  RONALD N. TURENNE		
By:			Print or Type Name		
FOR SECRETARY OF STATE USE ONLY			PRESIDENT		
I ON SECRETARI OF SIA	LE USE UNLY		Title		
					Form 630 Rev. 08/08