



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 2013

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. 51165 | | 2. Exact name of the Corporation GANNON GRAPHICS, INC. | | | |
| 3. Principal office address 3333 Post Road | | City Warwick | State RI | Zip 02886 | |
| 4. Business Phone No. 401-732-3627 | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Brief description of the character of business conducted in Rhode Island TO PERFORM GRAPHIC DESIGN SERVICES TO THE GENERAL PUBLIC | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Paul R. Vaccaro | | | Vice-President Name Kim Keller | | |
| Street Address 92 Pleasant Street | | | Street Address 53 Sharon Drive | | |
| City North Kingstown | State RI | Zip 02852 | City Coventry | State RI | Zip 02816 |
| Secretary Name Paul R. Vaccaro | | | Treasurer Name Kim Keller | | |
| Street Address 92 Pleasant Street | | | Street Address 53 Sharon Drive | | |
| City North Kingstown | State RI | Zip 02852 | City Coventry | State RI | Zip 02816 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name NONE | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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) <input type="checkbox"/> | | |
| 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 |
| | | | 400 | Common | No Par |

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:

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 24 2013

By

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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 of Authorized Representative

Date

Paul R. Vaccaro, President

Print or Type Name of Authorized Representative