



**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. 75234		2. Exact name of the Corporation BRADFORD PRESS INC.			
3. Principal office address 91 ATWELLS AVE.			City PROVIDENCE	State RI	Zip 02903
4. Business Phone No. 401-621-7195		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO CARRY ON THE BUSINESS OF PRINTING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name RUDOLPH G. SIGISMONDI			Vice-President Name PAULINE A. SIGISMONDI		
Street Address 301 STONY ACRE DRIVE			Street Address 301 STONY ACRE DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name PAULINE A. SIGISMONDI			Treasurer Name RUDOLPH G. SIGISMONDI		
Street Address 301 STONY ACRE DRIVE			Street Address 301 STONY ACRE DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
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 300 NO PAR VALUE			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
			NONE		

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 \_\_\_\_\_

**FILED**

Check No \_\_\_\_\_

**JAN 24 2013**

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**BY 8757**

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.

*Pauline A. Sigismondi* 1/22/13  
 Signature of Authorized Representative Date

PAULINE A. SIGISMONDI  
 Print or Type Name of Authorized Representative