



**STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS**
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 80415		2. Name of Corporation RJH Printing, Inc.			
3. Street Address Principal Business Office 6770 Post Road			City North Kingstown	State RI	Zip 02852
4. Business Phone No. 401-885-6262		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO ACQUIRE BY PURCHASE, LEASE OTHERWISE AND TO OWN, OPERATE AND MAINTAIN A BUSINESS FOR THE PURPOSE OF PRINTING, BINDING AND COPYING					
President Name Raoul Holzinger			Vice President Name Raoul Holzinger		
Street Address 6770 Post Road			Street Address same		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Raoul Holzinger			Treasurer Name Raoul Holzinger		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
Director Name Raoul Holzinger			Director Name None		
Street Address same			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4000	Common	No Par	1000	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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FILED

JAN 31 2013
8448

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.

Raoul Holzinger JAN 30, 2013
Signature of Officer Date

Raoul Holzinger
Print or Type Name of Officer

President
Title of Officer

File Date _____
Check No. _____ BY _____
By: _____
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