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 2009

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.	2. Exact name of the Corporation		
000070123	The Quality Label Company		
3. Principal office address: 345 Putnam Pike Unit 43	City: Smithfield	State: RI	Zip: 02917
4. Business Phone No.: 401-231-7294	5. State of Incorporation: Rhode Island		
6. Brief description of the character of business conducted in Rhode Island: Mfg of Pressure Sensitive Labels			

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

President Name	Vice-President Name
Andrew Puleo	Andrew Puleo
Street Address: 1094 Great Road	Street Address: 1094 Great Road
City: Lincoln, State: RI, Zip: 02865	City: Lincoln, State: RI, Zip: 02865
Secretary Name: Andrew Puleo	Treasurer Name: Andrew Puleo
Street Address: 1094 Great Road	Street Address: 1094 Great Road
City: Lincoln, State: RI, Zip: 02865	City: Lincoln, State: RI, Zip: 02865

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

Director Name	Director Name
None	None
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:
Director Name: None	Director Name: None
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:

9. SHARES AUTHORIZED ☐

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	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.

FOR SECRETARY OF STATE USE ONLY
Fee:
Date:
Check No:
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.

Andrew Puleo — 12/31/2012
Signature of Authorized Representative — Date

Andrew Puleo
Print or Type Name of Authorized Representative

2013 APR -1 PM 3:54 SECRETARY OF STATE CORPORATIONS DIV.