



**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. <b>000070123</b>		2. Exact name of the Corporation <b>The Quality Label Company</b>				
3. Principal office address <b>345 Putnam Pike Unit 43</b>			City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	
4. Business Phone No. <b>401-231-7294</b>		5. State of Incorporation <b>Rhode Island</b>				
6. Brief description of the character of business conducted in Rhode Island <b>Mfg of Pressure Sensitive Labels</b>						
<b>OFFICERS (NAMES AND ADDRESSES) (X) (BOX FOR ATTACHMENT)</b>						
President Name <b>Andrew Puleo</b>			Vice-President Name <b>Andrew Puleo</b>			
Street Address <b>1094 Great Road</b>			Street Address <b>1094 Great Road</b>			
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	
Secretary Name <b>Andrew Puleo</b>			Treasurer Name <b>Andrew Puleo</b>			
Street Address <b>1094 Great Road</b>			Street Address <b>1094 Great Road</b>			
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	
<b>DIRECTORS (NAMES AND ADDRESSES) (X) (BOX FOR ATTACHMENT)</b>						
Director Name <b>None</b>			Director Name <b>None</b>			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name <b>None</b>			Director Name <b>None</b>			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. SHARES AUTHORIZED			10. SHARES ISSUED (X) (BOX FOR ATTACHMENT)			
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	No Par

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 OFFICE OF THE SECRETARY OF STATE  
 CORPORATIONS DIV.

*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: \_\_\_\_\_  
 Filing No: \_\_\_\_\_  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

**FILED** 351  
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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*  
 Signature of Authorized Representative 12/31/2012  
 Date

**Andrew Puleo**  
 Print or Type Name of Authorized Representative