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 2008

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	City	State	Zip
345 Putnam Pike Unit 43	**Smithfield**	**RI**	**02917**

4. Business Phone No.	5. State of Incorporation
401-231-7294	**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	Street Address	City	State	Zip
Andrew Puleo	**1094 Great Road**	**Lincoln**	**RI**	**02865**

Vice-President Name	Street Address	City	State	Zip
Andrew Puleo	**1094 Great Road**	**Lincoln**	**RI**	**02865**

Secretary Name	Street Address	City	State	Zip
Andrew Puleo	**1094 Great Road**	**Lincoln**	**RI**	**02865**

Treasurer Name	Street Address	City	State	Zip
Andrew Puleo	**1094 Great Road**	**Lincoln**	**RI**	**02865**

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

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

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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.

File Date
Check No.
BY
FOR SECRETARY OF STATE USE ONLY

FILED
APR 01 2013
BY BR 194335

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

Form No. 630
Revised: 01/2012