



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. <b>68642</b>		2. Exact name of the Corporation <b>STANDARD OFFSET PRINTERS AND LITHOGRAPHERS</b>			
3. Principal office address <b>639 Admiral Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
4. Business Phone No. <b>401-521-3357</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Printing, Lithography, and related services</b>					
<b>PRESIDENT</b>					
President Name <b>RONALD H. SEMERJIAN</b>			Vice-President Name <b>N/A</b>		
Street Address <b>639 ADMIRAL STREET</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	City	State	Zip
Secretary Name <b>RONALD H. SEMERJIAN</b>			Treasurer Name <b>RONALD H. SEMERJIAN</b>		
Street Address <b>639 ADMIRAL STREET</b>			Street Address <b>639 ADMIRAL STREET</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>
<b>LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b>					
Director Name <b>RONALD H. SEMERJIAN</b>			Director Name		
Street Address <b>639 ADMIRAL STREET</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED (X) BOX FOR ATTACHMENT</b>		
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
			1000	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.

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.

*Ronald H. Semerjian* 04/04/2013  
Signature of Authorized Representative Date  
**RONALD H. SEMERJIAN, PRESIDENT**  
Print or Type Name of Authorized Representative

**FILED**

APR 03 2013

By *mmc*

CR #15781