



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 2011

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. 000058690 | | 2. Exact name of the Corporation RHODE ISLAND LABEL WORKS, INC | | | |
| 3. Principal office address 14 CLYDE STREET | | | City WEST WARWICK | State RI | Zip 02893 |
| 4. Business Phone No. 40 828-6400 | | | 5. State of Incorporation RHODE ISLAND | | |
| 6. Brief description of the character of business conducted in Rhode Island MANUFACTURER/CONVERTER OF LABELS, TAGS, FORMS & SELECT PRINTED MATERIAL | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name WILLIAM H COLE | | | Vice-President Name NONE | | |
| Street Address 14 CLYDE STREET | | | Street Address | | |
| City WEST WARWICK | State RI | Zip 02893 | City | State | Zip |
| Secretary Name BARBARA R COLE | | | Treasurer Name BARBARA R. COLE | | |
| Street Address 14 CLYDE STREET | | | Street Address 14 CLYDE STREET | | |
| City WEST WARWICK | State RI | Zip 02893 | City WEST WARWICK | State RI | Zip 02893 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name NONE | | | Director Name NONE | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| 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 |
| | | | 600 | COMMON | NONE |
| | | | | | |

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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: _____

FILED 1151
 JUL 31 2013

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.

Barbara R. Cole 7/18/13
 Signature of Authorized Representative Date

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BARBARA R. COLE, SECRETARY/TREASURER
 Print or Type Name of Authorized Representative