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 2014

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
51165	GANNON GRAPHICS, INC.

3. Principal office address	City	State	Zip
3333 Post Road	Warwick	RI	02886

4. Business Phone No.	5. State of Incorporation
401-732-3627	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
TO PERFORM GRAPHIC DESIGN SERVICES TO THE GENERAL PUBLIC

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

President Name	Street Address	City	State	Zip
Paul R. Vaccaro	92 Pleasant Street	North Kingstown	RI	02852

Vice-President Name	Street Address	City	State	Zip
Kim Keller	53 Sharon Drive	Coventry	RI	02852

Secretary Name	Street Address	City	State	Zip
Paul R. Vaccaro	92 Pleasant Street	North Kingstown	RI	02852

Treasurer Name	Street Address	City	State	Zip
Kim Keller	53 Sharon Drive	Coventry	RI	02816

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

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
400	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 _____ **FILED**
Check No _____
By: _____ JAN 10 2014
FOR SECRETARY OF STATE USE ONLY BY 5690

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.

P Vaccaro 1/9/14
Signature of Authorized Representative Date

Paul R. Vaccaro, President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012