



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 762620		2. Name of Corporation RSX PRESS, INC.			
3. Street Address Principal Business Office 740 CENTRAL AVENUE			City JOHNSTON	State RI	Zip 02919
4. Business Phone No. 401-318-1500		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TRUCKING AND DISPOSING MATERIALS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBERT SHAPPY, JR.			Vice President Name ROBERT SHAPPY, JR.		
Street Address 89C VICTORY HWY			Street Address 89C VICTORY HWY		
City WEST GREENWICH	State RI	Zip 02817	City WEST GREENWICH	State RI	Zip 02817
Secretary Name ROBERT SHAPPY, JR.			Treasurer Name ROBERT SHAPPY, JR.		
Street Address 89C VICTORY HWY			Street Address 89C VICTORY HWY		
City WEST GREENWICH	State RI	Zip 02817	City WEST GREENWICH	State RI	Zip 02817
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ROBERT SHAPPY, JR.			Director Name		
Street Address 89C VICTORY HWY			Street Address		
City WEST GREENWICH	State RI	Zip 02817	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) ☐		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series COMMON	Par Value \$0.01

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
FEB 19 2014
1037

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.

Signature _____ Date 02/03/14
ROBERT SHAPPY, JR.
Print or Type Name
PRESIDENT
Title