



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 2015

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. 128371		2. Exact name of the Corporation Meridian Printing, Inc.			
3. Principal office address 1538 South County Trail		City East Greenwich	State RI	Zip 02818	
4. Business Phone No. 885-4882		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To engage in the business of commercial printing and related activities.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Robert Nangle			Vice-President Name None		
Street Address 1538 South County Trail			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Steven G. Lee			Treasurer Name Robert Nangle		
Street Address 2 Burgis Lane			Street Address 1538 South County Trail		
City Guilford	State CT	Zip 06437	City East Greenwich	State RI	Zip 02818
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Robert Nangle			Director Name Steven G. Lee		
Street Address 1538 South County Trail			Street Address 2 Burgis Lane		
City East Greenwich	State RI	Zip 02818	City Guilford	State CT	Zip 06437
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	Class A Common	\$0.01 par
			0	Class B Common	\$0.01 par

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SECRETARY OF STATE
CORPORATIONS DIV

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

Form No. 630
Revised: 01/2012

FILED

FEB 05 2015

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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.

Robert Nangle 1/23/15
Signature of Authorized Representative Date

Robert Nangle

Print or Type Name of Authorized Representative