

## 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

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR $\_\_\_2$

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact nam	e of the limited liab	ility company				
000794523	GRAPHIC MATERIAL LLC						
3. State of Formation	Brief description of the character of business conducted in Rhode Island						
RT	SCREENPRINTING						
5. Principal office address	L		City	State	Zp COO		
351 LIBERTY LANE			WEST KU		I 02892		
6. MARING ADDRESS OF LIMIT	ED LIABILITY	Y COMPANY AND	MAINE OR TITLE OF CONTA	CT PERSON:			
Contact Name			Contact Title	Contact Title			
TONY BARTHOLOMA			Wevire	Menber City Wakefield RI 02879			
Street Address 19 QUAGNUT DRIVE			City WAKEF	reup state	I 02879		
7. LIST ALL MANAGERS (NAM ("X" BOX FOR ATTACHMENT	ES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPAN	iy, if applicable - [	OO NOT LIST MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RHODE ISLAND							
This information is currently of record in the Office of the Secretary of State. Changes require filling Form 642.							

OCT 0 7 2015
BY \ \( \sum\_{\text{DOM}} \)

	Under penalty of perjury, I declare and affirm that I have examine
File Date	this report, including any accompanying schedules and stateme and that all statements contained herein are true and correct.
Check No	Jony Som 10/4
By:	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	TON BARTHOLOMA  Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012