

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

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 name of the limited liability company				
142442	NOVEL	TEE SCRI	EEM PRINTING 4	EmpRo	10 CRY LLC
State of Formation	Brief description of the character of business conducted in Rhode Island				
RI	SCREE	~ PRIN	TING		
5. Principal office address	W ST	UNII 3	COVENTRY	State C I	Zip 02816
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PÉRSON:					
Contact Name ROBERT SCHLEIFER Street Address 11 GRANDUIEN ST UNIT 3			Contact Title MEMBER		
Street Address	W ST	41113	City	State K/	Zip C25/6
7. LIST <u>ALL</u> MANAGERS (NAM ("X" BOX FOR ATTACHMENT	ES AND ADDRES				
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Žip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012