

## 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. <b>981747</b>	2. Exact na FRANKI	2. Exact name of the limited liability company FRANKLIN PRINTING COMPANY, LLC					
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island					
RI	PRINTIN	PRINTING					
5. Principal office address 24 FRANKLIN STRE	ET		City <b>NEWPORT</b>	State RI	Zip <b>02840</b>		
	LIMITED LIABILE	TY COMPANY AND	NAME OR TITLE OF CONTACT F	PERSON:			
Contact Name JOHN M. PEIXINHO		•	Contact Title				
Street Address 24 FRANKLIN STRE	dress ANKLIN STREET		City NEWPORT	State RI	Zip <b>02840</b>		
7. LIST <u>ALL</u> MANAGERS ( "X" BOX FOR ATTACHI	NAMES AND ADD	PRESSES) OF THE	LIMITED LIABILITY COMPANY, II	F APPLICABLE - DO	NOT LIST MEMBERS		
lanager Name			Manager Name				
Street Address		···	Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	<u></u>			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
B. RESIDENT AGENT IN RE	HODE ISLAND			<u> </u>			
This information is current	ly of record in the	Office of the Secr	etary of State. Changes require t	filing Form 642.			

File Date	FILED	Under penalty of perjury, I declare and affirm that I hav this report, including any accompanying schedules an and that alk statements contained herein are true and o	d statements,
Check No	NOV 1 6 2015	Signature of Authorized Person	11.9.15
Ву:	22(2)	Signature of Additionized Ferson	Date
FOR SECRETARY OF STATE USE ON TO	ククト	JOHN M. PEIXINHO	
	0 70-	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012