

## 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 \_\_ 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

|   |                       | ·                           |                                 | MESULI IN A \$25.00 PEN               | ALTY FEE.                                    |  |
|---|-----------------------|-----------------------------|---------------------------------|---------------------------------------|--|--|
| 1. Entity ID No.  | 2. Exact nar          | ne of the limited lial      | bility company                  |                                       |  |  |
| 000110276   | Ba                    | irrington                   | Print + Copy                    | LLC                                   |  |  |
| 3. State of Formation                                     | 4. Brief desc         | cription of the chara       | cter of business conducted in F | Rhode Island                          | - ( + 1                                      |  |
| Rhade Islan   | dian                  | atacluring                  | ices and produ                  | aterials and 1                        | elated                                       |  |
| 5. Principal office address                               | Jia                   | THIC SELL                   |                                 |                                       |  |  |
| 269 Mac   | Klin Stree            |                             | city Cranst                     | on State RI                           | Zip 02920                                    |  |
| 6. MAILING ADDRESS O                                      | F LIMITED LIABILIT    | Y COMPANY AND               | NAME OR TITLE OF CONTA          | CT PERSON:                            |  |  |
| Barry D. Couto  |                       |                             | Contact Title                   | Contact Title men ber                 |  |  |
| Street Address 269  |                       | street                      |                                 |                                       | Zip 02920                                    |  |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITER |                       |                             | LIMITED LIABILITY COMPA         | NY, IF APPLICABLE - DO N              | OT LIST MEMBERS                              |  |
| Manager Name  |                       |                             | Manager Name                    |                                       |  |  |
| Street Address  | ·                     |                             |                                 |                                       |  |  |
| CHOCK Address   |                       |                             | Street Address                  |                                       |  |  |
| City  | State                 | Zip                         | City                            | State                                 | Zip  |  |
| Manager Name  |                       |                             |                                 |                                       |  |  |
| Wienlager Warne   |                       |                             | Manager Name                    | · · · · · · · · · · · · · · · · · · · |  |  |
| Street Address  |                       |                             | Street Address                  |                                       |  |  |
| City  | TO4+4+                |                             |                                 |                                       |  |  |
| City  | State                 | Zip                         | City                            | State                                 | Zip  |  |
| 8. RESIDENT AGENT IN F                                    | RHODEISLAND           | - 10 0 1 St. Let - 20 1 1 F |                                 |                                       |  |  |
| This information is curre                                 | ntly of record in the | Office of the Sec           | retary of State. Changes requ   | Jire filing Form 642.                 |  |  |
|   |                       |                             |                                 |                                       |  |  |
|   |                       |                             |                                 |                                       | 030  |  |
|   |                       |                             | FILE                            |                                       | <u>N</u>                                     |  |
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|   |                       |                             | Under penalty of                | periury I declars and assu-           | . 45 - 4 3 1                                 |  |

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY.

Form No. 632 Revised: 01/2012 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and the all statements contained herein are true and correct.

and that all statements contained herein are true and correct.

Barry D. Cout

Print or Type Name of Authorized Person

Date