



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 2016

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. <u>75234</u>		2. Exact name of the Corporation <u>BRADFORD PRESS INC.</u>	
3. Principal office address <u>91 ATWELLS AVENUE PROVIDENCE RI 02903</u>		City <u>PROVIDENCE</u>	State <u>RI</u>
4. Business Phone No. <u>401-621-7195</u>		5. State of Incorporation <u>RHODE ISLAND</u>	
6. Brief description of the character of business conducted in Rhode Island <u>TO CARRY ON THE BUSINESS OF PRINTERS</u>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>RUDOLPH G. SIGISMONDI</u>		Vice-President Name <u>PAULINE A. SIGISMONDI</u>	
Street Address <u>301 STONY ACRE DRIVE</u>		Street Address <u>301 STONY ACRE DRIVE</u>	
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>CRANSTON</u>
Secretary Name <u>PAULINE A. SIGISMONDI</u>		Treasurer Name <u>RUDOLPH G. SIGISMONDI</u>	
Street Address <u>301 STONY ACRE DRIVE</u>		Street Address <u>301 STONY ACRE DRIVE</u>	
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>CRANSTON</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>NONE</u>		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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	
		<u>NONE</u>	

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

FILED

FEB 01 2016

By KL 9787

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.

Pauline A. Sigismondi 1/25/16
Signature of Authorized Representative Date

PAULINE A. SIGISMONDI
Print or Type Name of Authorized Representative