



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. 31835		2. Exact name of the Corporation PROPRINT INCORPORATED			
3. Principal office address 1145 Atwood Avenue		City Johnston		State RI	Zip 02919-0000
4. Business Phone No. (401) 944-3855		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island printing services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David M. DeStefano			Vice-President Name Valerie DeStefano		
Street Address 46 Fox Ridge Drive			Street Address 46 Fox Ridge Drive		
City Cranston	State RI	Zip 02921-	City Cranston	State RI	Zip 02921-
Secretary Name David M. DeStefano			Treasurer Name Valerie DeStefano		
Street Address 46 Fox Ridge Drive			Street Address 46 Fox Ridge Drive		
City Cranston	State RI	Zip 02921-	City Cranston	State RI	Zip 02921-
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name David M. DeStefano			Director Name Valerie DeStefano		
Street Address 46 Fox Ridge Drive			Street Address 46 Fox Ridge Drive		
City Cranston	State RI	Zip 02921-	City Cranston	State RI	Zip 02921-
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
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
			100	Common	No Par

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

Form No. 630
Revised: 01/2012

FILED

FEB 26 2016

BY 12637
DS

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.

David M. DeStefano
Signature of Authorized Representative

1/04/2016
Date

David M. DeStefano
Print or Type Name of Authorized Representative
President