



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. 1100197		2. Exact name of the Corporation RHODE ISLAND MARKETING AND PRINTING, INC.			
3. Principal office address 100 WESTMINSTER STREET, SUITE 105		City PROVIDENCE	State RI	Zip 02903	
4. Business Phone No. 401-351-4000		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island PRINTING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name BRIAN DECAMP			Vice-President Name		
Street Address 792 WEST ST, APT F302			Street Address		
City MANSFIELD	State MA	Zip 02048	City	State	Zip
Secretary Name BRIAN DECAMP			Treasurer Name BRIAN DECAMP		
Street Address 792 WEST ST, APT F302			Street Address 792 WEST ST, APT F302		
City MANSFIELD	State MA	Zip 02048	City MANSFIELD	State MA	Zip 02048
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name BRIAN DECAMP			Director Name		
Street Address 792 WEST ST, APT F302			Street Address		
City MANSFIELD	State MA	Zip 02048	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	CNP	

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

MAR 16 2016

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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.

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative