



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. 131714		2. Exact name of the Corporation PARK PRINTERS, INC.			
3. Principal office address c/o Gaschen Law Offices, 180 Little Pond Cty. Rd.			City Cumberland	State RI	Zip 02864
4. Business Phone No. 401-230-8171		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island PRINTING AND STATIONERY SALES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name PETER SAWAIA			Vice-President Name MARK SAWAIA		
Street Address 496 POWER ROAD			Street Address 496 POWER ROAD		
City PAWTUCKET	State RI	Zip 02860-1526	City WARREN	State RI	Zip 02860-1526
Secretary Name PETER SAWAIA			Treasurer Name MARK SAWAIA		
Street Address 496 POWER ROAD			Street Address 496 POWER ROAD		
City PAWTUCKET	State RI	Zip 02860-1526	City PAWTUCKET	State RI	Zip 02860-1526
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.					

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 APR 4 11 AM '16

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 3/25/16
 Check No 5657
 By: [Signature]

FILED
 APR 25 2016

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] 3/27/16
 Signature of Authorized Representative Date
PETER SAWAIA

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Authorized Representative

BY 5654-gas