

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact nar	2. Exact name of the Corporation Bookmark Productions, Inc.				
104124	Bookmai					
3. State of Incorporation	4. Brief desc	cription of the character	of business conducted in Rhode	Island		
	Education	on of secondary s	chool, college and genera	al public		
Rhode Island						
5. Principal office address 355 Blackstone Blvd.			City	State	Zip 02906	
355 Blackstone Bl	va.	GEOGRAPHICA SERVICE	Providence	RI	02900	
President Name			Vice-President Name			
Florence Markoff			Vice-President Name			
Street Address			Street Address			
355 Blackstone Bl	vd		Stieet Address			
City	State	Zip	City	State	Zip	
Providence	RI	02906	J.,	0.0.0		
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zíp	City	State	Zip	
				*.		
Director Name	Men Men	Something Residents and	Director Name	1.54		
Gary Markoff			Joseph Markoff			
Street Address			Street Address			
35 Chestnut Street			412 Sentinel Road			
City	State	Zip	City	State	Zip	
Boston	MA	02199	Moorestown	NJ	08057	
Director Name			Director Name		<u> </u>	
Ronald Markoff						
Street Address			Street Address			
144 Medway						
City	State	Zip	City	State	Zip	
Providence	RI	02906				
			*			
This information is curr	rently of record in the	Office of the Secreta	ry of State. Changes require fili	ng Form 641.		
This report must be signed	d by either the Preside	ant Vice President Sec	rotani Accietant Socratani Trope	urer duly Authorized	Representative Receiver	

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

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FILEU 0 JUN 13 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 of Officer or Authorized Representative

Florence Markoff, President

Print or Type Name of Officer or Authorized Representative

Form No. 631 Revised: 04/2014 ٧

BY_