



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615

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RECEIVED
SECRETARY OF STATE
CORPORATIONS

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1

2016 JUL 21 AM 8

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number <u>68642</u>		2. Exact name of the Corporation <u>STANDARD OFFSET PRINTERS & LITHOGRAPHERS INC.</u>			
3. Principal Office Address <u>175 HARRIS QUAN</u>		City <u>SMITHFIELD</u>	State <u>RI</u>	Zip <u>02917</u>	
4. Business Phone Number <u>401-450-5947</u>		5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>PRINTING</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>RONALD SEMERJIAN</u>			Vice-President Name		
Street Address <u>175 HARRIS RD</u>			Street Address		
City <u>SMITHFIELD</u>	State <u>RI</u>	Zip <u>02917</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>1000</u>		<u>0</u>
11. 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. 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.					
Name of Authorized Representative <u>RONALD SEMERJIAN</u>				Date <u>7-17-16</u>	
Signature of Authorized Representative <u>Ron Semerjian</u>					

FILED

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