



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

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RECEIVED  
SECRETARY OF STATE  
CORPORATIONS

**Profit Corporation Annual Report for the year:** 2016

2016 JUL 21 AM 8:59

Filing period: January 1 - March 1

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 &amp; 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
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
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
9. Shares Authorized		10. Shares Issued <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. <b>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.</b>				
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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