



# Department of State - Business Services Division

Annual Report for the year: 2017  
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <u>21681</u>		2. Exact name of the Corporation <u>PRECISION BUSINESS FORMS Ltd.</u>	
3. Principal Office Address <u>1580 Pontiac Ave.</u>		City <u>CRANSTON</u>	State <u>RI</u>
4. NAICS Code <u>81</u>		6. Brief description of the character of business conducted in Rhode Island <u>BUSINESS FORMS DISTRIBUTORSHIP.</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>DAVID M. Wilbur</u>		Vice-President Name <u>(SAME)</u>	
Street Address <u>217 Rockland Rd.</u>		Street Address	
City <u>Scituate</u>	State <u>RI</u>	City	State
Zip <u>02857</u>		Zip	
Secretary Name <u>(SAME)</u>		Treasurer Name <u>(SAME)</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES <u>500</u>	CLASS/SERIES <u>Common</u>
Changes require an additional filing.			PAR VALUE <u>No PAR Value</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>DAVID M. Wilbur</u>			Date <u>1/17/17</u>
Signature of Authorized Representative <u>David M. Wilbur</u>			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040

**FILED**

JAN 19 2017

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