



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

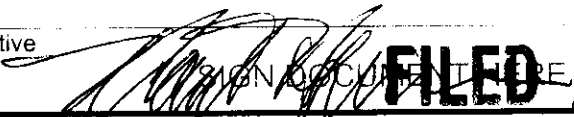
Annual Report for the year: **2017**

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 80415		2. Exact name of the Corporation RJH Printing, Inc.			
3. Principal Office Address 6770 Post Road		City North Kingstown		State RI	Zip 02852
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island To acquire by purchase, lease otherwise to own, operate and maintain a business for the purpose of printing, binding and copying.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Raoul Holzinger			Vice-President Name Raoul Holzinger		
Street Address 6770 Post Road			Street Address same		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Raoul Holzinger			Treasurer Name Raoul Holzinger		
Street Address same			Street Address same		
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 Raoul Holzinger			Director Name N/A		
Street Address same			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1000		Common		None	
Changes require an additional filing.					
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 Raoul Holzinger, President					Date FEB 6, 2017
Signature of Authorized Representative 					

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

BY

FEB 15 2017

FORM 630 - Revised: 10/2016