



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 51165		2. Exact name of the Corporation GANNON GRAPHICS, INC.										
3. Principal Office Address 3375 POST ROAD		City WARWICK	State RI									
		Zip 02886										
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island TO PERFORM GRAPHIC DESIGN SERVICES TO THE GENERAL PUBLIC											
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 PAUL R. VACCARO		Vice-President Name KIM KELLER										
Street Address 92 PLEASANT STREET		Street Address 4400 POST ROAD, UNIT 6										
City NORTH KINGSTOWN	State RI	City WARWICK	State RI									
Zip 02852		Zip 02818										
Secretary Name PAUL R. VACCARO		Treasurer Name KIM KELLER										
Street Address 92 PLEASANT STREET		Street Address 4400 POST ROAD, UNIT 6										
City NORTH KINGSTOWN	State RI	City WARWICK	State RI									
Zip 02852		Zip 02818										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name NONE		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>400</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	400	COMMON	NO PAR			
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400	COMMON	NO PAR										
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 PAUL R. VACCARO			Date 2/23/17									
Signature of Authorized Representative <i>Paul R. Vaccaro</i>												

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

FILED
 FEB 27 2017
 BY 6389 DS