



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 <b>75234</b>		2. Exact name of the Corporation <b>BRADFORD PRESS INC.</b>	
3. Principal Office Address <b>91 ATWELLS AVENUE</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
4. NAICS Code <b>44-45</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO CARRY ON THE BUSINESS OF PRINTERS</b>	
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>RUDOLPH G. SIGISMONDI</b>		Vice President Name <b>PAULINE A. SIGISMONDI</b>	
Street Address <b>301 STONY ACRE DRIVE</b>		Street Address <b>301 STONY ACRE DRIVE</b>	
City <b>CRANSTON</b>	State <b>RI</b>	City <b>CRANSTON</b>	State <b>RI</b>
Zip <b>02920</b>		Zip <b>02920</b>	
Secretary Name <b>PAULINE A. SIGISMONDI</b>		Treasurer Name <b>RUDOLPH G. SIGISMONDI</b>	
Street Address <b>301 STONY ACRE DRIVE</b>		Street Address <b>301 STONY ACRE DRIVE</b>	
City <b>CRANSTON</b>	State <b>RI</b>	City <b>CRANSTON</b>	State <b>RI</b>
Zip <b>02920</b>		Zip <b>02920</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>NONE</b>		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 <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	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<b>NONE</b>	
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 <b>PAULINE A. SIGISMONDI</b>			Date <b>3/17/17</b>
Signature of Authorized Representative <i>Pauline A. Sigismondi</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

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FORM 630 - Revised 02/2017

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