RI SOS Filing Number: 201738641840 Date: 3/23/2017 4:00:00 PM

... 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	2. Exact name of the Corporation
6714	J. B. FOLEY PRINTING COMPANY, INC.

3. Principal Office Address	City	State	Zip
999 Chalkstone Avenue	Providence	RI	02908

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
81 - Other Services (except P	Printing business
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Thomas P. Giammatteo, Jr.	
Street Address: 1469 Broad Street	Street Address:
City: Providence, State: RI, Zip: 02905	City: , State: , Zip:
Secretary Name: Thomas P. Giammatteo, Jr.	Treasurer Name: Thomas P. Giammatteo, Jr.
Street Address: 1469 Broad Street	Street Address: 1469 Broad Street
City: Providence, State: RI, Zip: 02905	City: Providence, State: RI, Zip: 02905

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200		No Par Value

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: THOMAS P. GIAMMATTEO — Date: 3/20/17

Signature of Authorized Representative: [signature] SIGN DOCUMENT HERE

FILED
MAR 23 2017
BY [illegible]

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

FORM 630 - Revised: 10/2016