



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 106771		2. Exact name of the Corporation Wakefield Printing Corp.			
3. Principal Office Address 400 Smith Street			City Providence	State RI	Zip 02908
4. NAICS Code 56 - Administrative and Support	6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE PRINTING, REPRODUCTION, GRAPHICS, AND GENERAL COPYING BUSINESS.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name MARK GREENLEAF			Vice-President Name THOMAS CUNNINGHAM		
Street Address 400 SMITH STREET			Street Address 400 SMITH STREET		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Secretary Name CATHERINE GLEASON			Treasurer Name TIMOTHY BEHAN		
Street Address 400 SMITH STREET			Street Address 400 SMITH STREET		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name MARK GREENLEAF			Director Name THOMAS CUNNINGHAM		
Street Address 400 SMITH STREET			Street Address 400 SMITH STREET		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Director Name CATHERINE GLEASON			Director Name TIMOTHY BEHAN		
Street Address 400 SMITH STREET			Street Address 400 SMITH STREET		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
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. Changes require an additional filing.		NUMBER OF SHARES			
		CLASS/SERIES		PAR VALUE	
		100	CNP	0.000	
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 TIMOTHY BEHAN				Date 3/30/17	
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

FILED

FORM 630 - Revised: 02/2017

APR 03 2017

BY

2327 DS

Wakefield Printing Corp.
400 Smith Street
Providence, RI 02908

Entity ID No.: 106771

ATTACHMENT TO 2017 ANNUAL REPORT

7. List of Officers

Assistant Secretary

Kelly Rana
400 Smith Street
Providence, RI 02908

8. List of Directors

Kelly Rana
400 Smith Street
Providence, RI 02908

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APR 03 2017
BY 2327 DS
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