RI SOS Filing Number: 201739550240 Date: 4/5/2017 4:00:00 PM

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	2. Exact name of the Corporation		
131714	PARK PRINTERS, INC.		
3. Principal Office Address	City	State	Zip
c/o Gaschen Law Offices, 180 Little Pond County Road	Cumberland	RI	02864
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
44-45 - Retail Trade	PRINTING AND STATIONERY SALES		
5. State of Incorporation			
RI			

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

President Name PETER SAWAIA			Vice-President Name MARK SAWAIA		
Street Address 496 POWER ROAD			Street Address 496 POWER ROAD		
City PAWTUCKET	State RI	Zip 02860-1526	City PAWTUCKET	State RI	Zip 02860-1526
Secretary Name PETER SAWAIA			Treasurer Name MARK SAWAIA		
Street Address 496 POWER ROAD			Street Address 496 POWER ROAD		
City PAWTUCKET	State RI	Zip 02860-1526	City PAWTUCKET	State RI	Zip 02860-1526

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	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	8000	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	Date
PETER SAWAIA	3/27/17

Signature of Authorized Representative

FILED DZ
APR 05 2017
6083

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