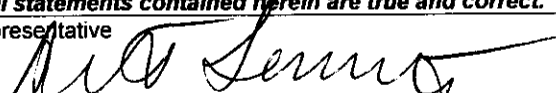




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 131714		2. Exact name of the Corporation PARK PRINTERS, INC.			
3. Principal Office Address c/o Gaschen Law Offices, 180 Little Pond County Road		City Cumberland		State RI	Zip 02864
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island PRINTING AND STATIONERY SALES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 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.					
10. Shares Issued			Check the box to indicate an attachment <input type="checkbox"/>		
NUMBER OF SHARES			CLASS/SERIES		PAR VALUE
8000			COMMON		NO PAR
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 PETER SAWAIA 					Date 3/25/17
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 D2
APR 05 2017
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FORM 630 - Revised: 10/2016