



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

2017 AUG 16
RI DEPT OF STATE
BUS SVCS DIV

Annual Report for the year: 2017
Limited Liability Company

- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <u>000110276</u>		2. Exact name of the Limited Liability Company <u>Barrington Print & Copy LLC</u>			
3. NAICS Code <u>71</u>		4. Brief description of the character of business conducted in Rhode Island <u>manufacturing of printed material and related graphic services and products.</u>			
5. State of Formation <u>Rhode Island</u>					
6. Principal Office Address <u>269 Macklin street</u>			City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Barry D. Couto</u>			Contact Title <u>member</u>		
Street Address <u>269 Macklin Street</u>			City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<u>N/A</u>			<u>N/A</u>		
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<u>N/A</u>			<u>N/A</u>		
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Person <u>Barry D. Couto</u>				Date <u>8/16/17</u>	
Signature of Authorized Person <u>Barry D. Couto</u>				SIGN DOCUMENT HERE	

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

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FORM 632 - Revised: 02/2017