



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: **2018**
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 11325		2. Exact name of the Corporation Tap Printing, Inc.				
3. Principal Office Address 628 Metacom Avenue			City Warren	State RI	Zip 02885	
4. NAICS Code 323119		6. Brief description of the character of business conducted in Rhode Island To procure and sell wholesale and retain commercial printing materials and services.				
5. State of Incorporation Rhode Island						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name Timothy A. Pray			Vice-President Name Timothy A. Pray			
Street Address 724 Hope Street			Street Address 724 Hope Street			
City Bristol	State RI	Zip 02809-1931	City Bristol	State RI	Zip 02809-1931	
Secretary Name			Treasurer Name Timothy A. Pray			
Street Address			Street Address 724 Hope Street			
City	State	Zip	City Bristol	State RI	Zip 02809-1931	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name None			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 <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		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 Timothy A. Pray, President				Date 1-16-18		
Signature of Authorized Representative <i>Timothy A. Pray</i>				FILED		

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 31 2018
BY 5508 DS
FORM 630 - Revised: 10/2017