



State of Rhode Island and Providence Plantations

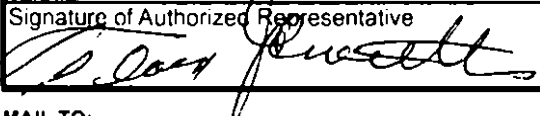
Department of State - Business Services Division

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 6714		2. Exact name of the Corporation J. B. FOLEY PRINTING COMPANY, INC.			
3. Principal Office Address 999 Chalkstone Avenue			City Providence	State RI	Zip 02908
4. NAICS Code 323111		6. Brief description of the character of business conducted in Rhode Island Printing business			
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 Thomas P. Giammatteo, Jr.			Vice-President Name		
Street Address 1469 Broad Street			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name Thomas P. Giammatteo, Jr.			Treasurer Name Thomas P. Giammatteo, Jr.		
Street Address 1469 Broad Street			Street Address 1469 Broad Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
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			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 200		CLASS/SERIES No Par Value
			PAR VALUE		
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 Thomas Giammatteo				Date 2/17/2018	
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED FEB 20 2018 4911	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov