



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

Annual Report for the year: **2019**
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 JAN 14 AM 11:21

1. Entity ID Number 66711		2. Exact name of the Corporation Schofield Printing, Inc.			
3. Principal Office Address 211 Weeden Street			City Pawtucket	State RI	Zip 02860
4. NAICS Code 323113		6. Brief description of the character of business conducted in Rhode Island To acquire, own & operate printing and related businesses.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Robert T. Chito			Vice-President Name None		
Street Address 211 Weeden Street			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Robert T. Chito			Treasurer Name Robert T. Chito		
Street Address 211 Weeden Street			Street Address 211 Weeden Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert T. Chito			Director Name		
Street Address 211 Weeden Street			Street Address		
City Pawtucket	State RI	Zip 02860	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		PAR VALUE	
		5000	Common	\$1.00 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 John J. Partridge				Date 1/14/19	
Signature of Authorized Representative <i>John J. Partridge</i>				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
 JAN 14 2019
 BY *QBV F3K* FORM 630 - Revised: 10/2017

Schofield Printing, Inc.

66711

Additional Officer:

Assistant Secretary: John J. Partridge, 40 Westminster Street, Suite 1100, Providence, RI 02903