



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
CorporationRECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

STAMP

FOR

2019 JAN 29 PM 1:16

- 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 5322		2. Exact name of the Corporation CROSSTOWN PRESS, INC.												
3. Principal Office Address 829 PARK AVENUE			City CRANSTON	State RI	Zip 02910									
4. NAICS Code 323111		6. Brief description of the character of business conducted in Rhode Island PRINTING BUSINESS												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name STEVEN H. LEVY			Vice-President Name MIRIAM LEVY											
Street Address 829 PARK AVENUE			Street Address 829 PARK AVENUE											
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910									
Secretary Name DONNA J. LEVY			Treasurer Name STEVEN H. LEVY											
Street Address 829 PARK AVENUE			Street Address 829 PARK AVENUE											
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name STEVEN H. LEVY			Director Name MIRIAM LEVY											
Street Address 829 PARK AVENUE			Street Address 829 PARK AVENUE											
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910									
Director Name DONNA J. LEVY			Director Name											
Street Address 829 PARK AVENUE			Street Address											
City CRANSTON	State RI	Zip 02910	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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>600</td> <td>COMMON</td> <td>NONE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	600	COMMON	NONE			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
600	COMMON	NONE												
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 STEVEN J. LEVY					Date									
Signature of Authorized Representative <i>SA PL</i>					SIGN DOCUMENT HERE									

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

JAN 29 2019

BY

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FORM 630 - Revised 10/2017