



FILED

Annual Report for the year:  
Corporation2019

MAR 01 2019

BY 3045 DS

- 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 <u>21681</u>		2. Exact name of the Corporation <u>PRECISION BUSINESS FORMS LTD.</u>			
3. Principal Office Address <u>1580 PONTIAC AVE.</u>		City <u>CRANSTON</u>		State <u>RI</u>	Zip <u>02920</u>
4. NAICS Code <u>812990</u>		6. Brief description of the character of business conducted in Rhode Island <u>BUSINESS FORMS DISTRIBUTORSHIP</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>DAVID M. WILBUR</u>			Vice-President Name <u>(SAME)</u>		
Street Address <u>217 ROCKLAND RD.</u>			Street Address		
City <u>SCITUATE</u>	State <u>RI</u>	Zip <u>02857</u>	City	State	Zip
Secretary Name <u>(SAME)</u>			Treasurer Name <u>(SAME)</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			<u>500</u>		
			<u>Common</u>		
			<u>No Par Value</u>		
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 <u>DAVID M. WILBUR</u>					Date <u>2/26/19</u>
Signature of Authorized Representative <u>David M. Wilbur</u>					