



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

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

FILED

STAMP

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

BY 11912 DS
 MAR 13 2019
 FOR OF STATE

1. Entity ID Number 000141431	2. Exact name of the Corporation PATRIOT PRINTING INC.
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3. Principal Office Address P.O. BOX 25005	City PROVIDENCE	State RI	Zip 02905
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4. NAICS Code 812990	6. Brief description of the character of business conducted in Rhode Island TO OPERATE A FORMS AND PRINTING SERVICE 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 KATHLEEN L. ROULEAU			Vice-President Name		
Street Address 164 GRAND AVE			Street Address		
City CRANSTON	State RI	Zip 02905	City	State	Zip
Secretary Name KATHLEEN L. ROULEAU			Treasurer Name KATHLEEN L. ROULEAU		
Street Address 164 GRAND AVE			Street Address 164 GRAND AVE		
City CRANSTON	State RI	Zip 02905	City CRANSTON	State RI	Zip 02905

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name KATHLEEN L. ROULEAU			Director Name		
Street Address 164 GRAND AVE			Street Address		
City CRANSTON	State RI	Zip 02905	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1000	CNP	\$0.0

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 KATHLEEN L. ROULEAU	Date 3/1/19
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Signature of Authorized Representative 	SIGN DOCUMENT HERE
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040