STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
75234	BRADFORD PRESS INC.			
3. Street Address Principal Business Office		City	State	Zip
91 ATWELLS AVENUE		PROVIDENCE,	RI	02903
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-621-7195	RHODE ISLAND			851

7. Brief Description of the Character of Business Conducted in Rhode Island
TO CARRY ON THE BUSINESS OF PRINTERS, LITHOGRAPHERS,STEREOTYPERS, ELECTROTYPERS, ETC.

8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
RUDOLPH G. SIGISMONDI			PAULINE A. SIGISMONDI		
Street Address			Street Address		
301 STONY ACRE DRIVE			301 STONY ACRE DRIVE		
City	State	Zip	City	State	Zip
CRANSTON	RI	02920	CRANSTON	RI	02920
Secretary Name			**Treasurer Name**		
PAULINE A. SIGISMONDI			RUDOLPH G. SIGISMONDI		
Street Address			Street Address		
301 STONY ACRE DRIVE			301 STONY ACRE DRIVE		
City	State	Zip	City	State	Zip
CRANSTON	RI	02920	CRANSTON	RI	02920

9. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
NONE					
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ 11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
300 NO PAR VALUE			NONE		

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

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.

Pauline A. Sigismondi 1-10-05
Signature of Officer *Date*

PAULINE A. SIGISMONDI
Print or Type Name of Officer

VICE PRES. / SECRETARY
Title of Officer

[redacted]

File Date 1-11-05
Check No. 5945
By: DL

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
75234	BRADFORD PRESS INC.			
3. Street Address Principal Business Office		City	State	Zip
91 ATWELLS AVENUE		PROVIDENCE,	RI	02903
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-621-7195	RHODE ISLAND			851

7. Brief Description of the Character of Business Conducted in Rhode Island
TO CARRY ON THE BUSINESS OF PRINTERS, LITHOGRAPHERS,STEREOTYPERS, ELECTROTYPERS, ETC.

8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
RUDOLPH G. SIGISMONDI			PAULINE A. SIGISMONDI		
Street Address			Street Address		
74 ACADEMY AVENUE			301 STONY ACRE DRIVE		
City	State	Zip	City	State	Zip
PROVIDENCE,	RI	02908	CRANSTON,	RI	02920
Secretary Name			**Treasurer Name**		
PAULINE A. SIGISMONDI			RUDOLPH G. SIGISMONDI		
Street Address			Street Address		
301 STONY ACRE DRIVE			74 ACADEMY AVENUE		
City	State	Zip	City	State	Zip
CRANSTON,	RI	02920	PROVIDENCE	RI	02908

9. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
NONE					
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ 11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
300 NO PAR VALUE			NONE		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

75234

File Date 1-12-04

Check No. 5550

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature of Officer — *Date* 1-10-04

RUDOLPH G. SIGISMONDI
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 Rev. 12/03

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ
INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 75234
2. Name of Corporation: BRADFORD PRESS INC.
3. Street Address Principal Business Office: 91 ATWELLS AVENUE
   City: PROVIDENCE State: RI Zip: 02903
4. Business Phone No.: (401) 621-7995
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 851
7. Brief Description of the Character of Business Conducted in Rhode Island: GENERAL PRINTING (LETTERPRESS + OFFSET)

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: RUDOLPH G. SIGISMONDI
Street Address: 74 ACADEMY AVENUE
City: PROVIDENCE, State: RI Zip: 02908

Vice President Name: PAULINE A. SIGISMONDI
Street Address: 301 STONY ACRE DRIVE
City: CRANSTON, State: RI Zip: 02920

Secretary Name: PAULINE A. SIGISMONDI
Street Address: 301 STONY ACRE DRIVE
City: CRANSTON, State: RI Zip: 02920

Treasurer Name: RUDOLPH G. SIGISMONDI
Street Address: 74 ACADEMY AVENUE
City: PROVIDENCE, State: RI Zip: 02908

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name: NONE
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
300 NO PAR VALUE		

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
NONE		

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

* 7 5 2 3 4 *

File Date: 2/3/03

Check No.: 5734

By: Sm

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Pauline A. Sigismondi 11/18/03
Signature of Officer Date

PAULINE A. SIGISMONDI
Print or Type Name of Officer

Vice PRES. / SECRETARY
Title of Officer

Form 630 12/02

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 75234
2. Name of Corporation: BRADFORD PRESS INC.
3. Street Address Principal Business Office: 91 ATWELLS AVENUE — City: PROVIDENCE, RI — Zip: 02903
4. Business Phone No.: (401)621-7195
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 851
7. Brief Description of the Character of Business Conducted in Rhode Island: GENERAL PRINTING (LETTERPRESS & OFFSET)

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: RUDOLPH G. SIGISMONDI Street Address: 74 ACADEMY AVENUE City: PROVIDENCE State: RI Zip: 02908	Vice President Name: PAULINE A. SIGISMONDI Street Address: 301 STONY ACRE DRIVE City: CRANSTON State: RI Zip: 02920
Secretary Name: PAULINE A. SIGISMONDI Street Address: 301 STONY ACRE DRIVE City: CRANSTON State: RI Zip: 02920	Treasurer Name: RUDOLPH G. SIGISMONDI Street Address: 74 ACADEMY AVENUE City: PROVIDENCE State: RI Zip: 02908

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name: NONE Street Address: City: State: Zip:	Director Name: Street Address: City: State: Zip:
Director Name: Street Address: City: State: Zip:	Director Name: Street Address: City: State: Zip:

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
300 NO PAR VALUE		

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
NONE		

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

* 7 5 2 3 4 *

[redacted]

File Date: 1-22-02

Check No.: 4725

By: 2

FOR SECRETARY OF STATE USE ONLY

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.

Pauline A. Sigismondi 1/16/02
Signature of Officer *Date*

PAULINE A. SIGISMONDI
Print or Type Name of Officer

Vice Pres. / Secretary
Title of Officer

Form 630 12/01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 75234
2. Name of Corporation: BRADFORD PRESS INC.
3. Street Address Principal Business Office: 91 ATWELLS AVENUE; City: PROVIDENCE; State: RI; Zip: 02903
4. Business Phone No.: (401)621-7195
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 851
7. Brief Description of the Character of Business Conducted in Rhode Island: GENERAL PRINTING (LETTERPRESS & OFFSET)

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: RUDOLPH G. SIGISMONDI
Street Address: 74 ACADEMY AVENUE
City: PROVIDENCE State: RI Zip: 02908

Vice President Name: PAULINE A. SIGISMONDI
Street Address: 301 STONY ACRE DRIVE
City: CRANSTON State: RI Zip: 02920

Secretary Name: PAULINE A. SIGISMONDI
Street Address: 301 STONY ACRE DRIVE
City: CRANSTON State: RI Zip: 02920

Treasurer Name: RUDOLPH G. SIGISMONDI
Street Address: 74 ACADEMY AVENUE
City: PROVIDENCE State: RI Zip: 02908

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name: NONE
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
300 SHS	NO PAR VALUE	

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
NONE		

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 7 5 2 3 4 *

File Date: 2/1

Check No.: 4271

By: dc

FOR SECRETARY OF STATE USE ONLY

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.

Pauline A. Sigismondi 1/23/01
Signature of Officer Date

PAULINE A. SIGISMONDI
Print or Type Name of Officer

Vice Pres. / Secretary
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 75234
2. Name of Corporation: BRADFORD PRESS INC.
3. Street Address Principal Business Office: 91 ATWELLS AVENUE — City: PROVIDENCE, — State: RI — Zip: 02903
4. Business Phone No.: (401)621-7195
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 851
7. Brief Description of the Character of Business Conducted in Rhode Island: GENERAL PRINTING (LETTER PRESS & OFFSET)

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: RUDOLPH G. SIGISMONDI
Street Address: 74 ACADEMY AVENUE
City: PROVIDENCE, State: RI Zip: 02908

Vice President Name: PAULINE A. SIGISMONDI
Street Address: 301 STONY ACRE DRIVE
City: CRANSTON, State: RI Zip: 02920

Secretary Name: PAULINE A. SIGISMONDI
Street Address: 301 STONY ACRE DRIVE
City: CRANSTON, State: RI Zip: 02920

Treasurer Name: RUDOLPH G. SIGISMONDI
Street Address: 74 ACADEMY AVENUE
City: PROVIDENCE, State: RI Zip: 02908

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: NONE
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
300 SHS	NO	PAR VALUE

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
NONE		

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 7 5 2 3 4 *

File Date: 2/10/00

Check No.: 3829

By:

FOR SECRETARY OF STATE USE ONLY

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.

Pauline A. Sigismondi 2/7/00
Signature of Officer *Date*

PAULINE A. SIGISMONDI
Print or Type Name of Officer

Vice Pres./Secretary
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
75234	BRADFORD PRESS INC.			
3. Street Address Principal Business Office		City	State	Zip
91 ATWELLS AVENUE		PROVIDENCE	RI	02903
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(401) 621-7195	RHODE ISLAND			0851

7. Brief Description of the Character of Business Conducted in Rhode Island
GENERAL PRINTING (LETTERPRESS & OFFSET)

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
RUDOLPH G. SIGISMONDI	PAULINE A. SIGISMONDI
Street Address	Street Address
74 ACADEMY AVENUE	301 STONY ACRE DRIVE
City / State / Zip	City / State / Zip
PROVIDENCE RI 02908	CRANSTON, RI 02920
Secretary Name	Treasurer Name
PAULINE A. SIGISMONDI	RUDOLPH G. SIGISMONDI
Street Address	Street Address
301 STONY ACRE DRIVE	74 ACADEMY AVENUE
City / State / Zip	City / State / Zip
CRANSTON, RI 02920	PROVIDENCE, RI 02908

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
NONE	
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

10. SHARES AUTHORIZED (*"X" BOX FOR ATTACHMENT*) ☐ 11. SHARES ISSUED (*"X" BOX FOR ATTACHMENT*) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300 SHS NO PAR VALUE			NONE		

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

* 7 5 2 3 4 *

File Date: 1-12-99

Check No.: 3326

By: AMF

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Pauline A. Sigismondi 1/11/99
Signature of Officer — Date

PAULINE A. SIGISMONDI
Print or Type Name of Officer

VICE PRES./SECRETARY
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
75234	BRADFORD PRESS INC.

3. Street Address Principal Business Office: 91 ATWELLS AVENUE | City: PROVIDENCE | State: RI | Zip: 02903

4. Business Phone No.: (401) 621-7195 | 5. State of Incorporation: RHODE ISLAND | 6. SIC Code: 0851

7. Brief Description of the Character of Business Conducted in Rhode Island: GENERAL PRINTING (LETTERPRESS & OFFSET)

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*)

President Name: RUDOLPH G. SIGISMONDI	Vice President Name: PAULINE A. SIGISMONDI
Street Address: 74 ACADEMY AVENUE	Street Address: 301 STONY ACRE DRIVE
City: PROVIDENCE State: RI Zip: 02908	City: CRANSTON, State: RI Zip: 02920
Secretary Name: PAULINE A. SIGISMONDI	Treasurer Name: RUDOLPH G. SIGISMONDI
Street Address: 301 STONY ACRE DRIVE	Street Address: 74 ACADEMY AVENUE
City: CRANSTON, State: RI Zip: 02920	City: PROVIDENCE State: RI Zip: 02908

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*)

Director Name: NONE	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:

10. SHARES AUTHORIZED (*"X" BOX FOR ATTACHMENT*)			11. SHARES ISSUED (*"X" BOX FOR ATTACHMENT*)		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
300 SHS NO PAR VALUE			NONE		

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 7 5 2 3 4 *

File Date: 3.26.98

Check No.: 2944 LWD

By:

FOR SECRETARY OF STATE USE ONLY

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.

Pauline A. Sigismondi 3/23/98
Signature of Officer *Date*

PAULINE A. SIGISMONDI
Print or Type Name of Officer

VICE PRES. / SECRETARY
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
76234	BRADFORD PRESS INC.			
3. Street Address Principal Business Office		City	State	Zip
91 ATWELLS AVENUE		PROVIDENCE	RI	02903
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-621-7195	RHODE ISLAND			0581

7. Brief Description of the Character of Business Conducted in Rhode Island
COMMERCIAL LETTER PRESS & OFFSET PRINTERS

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐

President Name			Vice President Name		
RUDOLPH SIGISMONDI			PAULINE SIGISMONDI		
Street Address			Street Address		
74 ACADEMY AVENUE			301 STONY ACRE DRIVE		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02908	CRANSTON	RI	02920
Secretary Name			**Treasurer Name**		
PAULINE SIGISMONDI			RUDOLPH SIGISMONDI		
Street Address			Street Address		
301 STONY ACRE DRIVE			74 ACADEMY AVENUE		
City	State	Zip	City	State	Zip
CRANSTON	RI	02920	PROVIDENCE	RI	02908

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐

Director Name			Director Name		
NONE					
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED AND ISSUED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300 SHS NO PAR VALUE			100	COMMON NO	PAR VALUE

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] * 7 5 2 3 4 *

File Date: 3.14.97
Check No.: 2458
By: 100
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Rudolph Sigismondi
Signature of Officer *Date*

RUDOLPH SIGISMONDI
Print or Type Name of Officer

PRESIDENT
Title of Officer

[redacted]

PROFIT CORPORATION ANNUAL REPORT

1996

Filing Period: January 1–March 1
Filing Fee: $50.00

State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION
75234	BRADFORD PRESS INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
91 ATWELLS AVENUE	PROVIDENCE,	RI	02903

4. BUSINESS PHONE NO	5. STATE OF INCORPORATION	6. SIC CODE
(401)621-7195	RHODE ISLAND	0581

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
COMMERCIAL LETTERPRESS & OFFSET PRINTERS

8. NAMES AND ADDRESSES OF THE OFFICERS

	PRESIDENT NAME	VICE PRESIDENT NAME
	RUDOLPH SIGISMONDI	PAULINE SIGISMONDI
STREET ADDRESS	74 ACADEMY AVENUE	301 STONY ACRE DRIVE
CITY	PROVIDENCE,	CRANSTON,
STATE	RI	RI
ZIP CODE	02908	02920

	SECRETARY NAME	TREASURER NAME
	PAULINE SIGISMONDI	RUDOLPH SIGISMONDI
STREET ADDRESS	301 STONY ACRE DRIVE	74 ACADEMY AVENUE
CITY	CRANSTON	PROVIDENCE
STATE	RI	RI
ZIP CODE	02920	02908

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
NONE				

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
300 SHS	NO PAR VALUE		100	COMMON—NO	PAR VALUE

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Pauline Sigismondi
Signature of Officer

PAULINE SIGISMONDI
Print or Type Name of Officer

VICE PRES. & SECRETARY — 2/2/96
Title of Officer — Date

File Date: 2/2/96
Check No: 1899
By: cc/VP

For Secretary of State Use Only

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

ANNUAL REPORT
Please Type or Print
File Annually – Jan. 1 - March 1
Filing Fee $50.00
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 75234 Annual Report for the year: 1995

Name of Corporation: BRADFORD PRESS INC.

Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

91 ATWELLS AVENUE
PROVIDENCE, RI 02903

Phone: (401) 621-7195

Business Entity is (check one):

[X] Business Corporation (See RIGL Chapter 7-1.1)

[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:

PRINTERS

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT: RUDOLPH SIGISMONDI,	74 ACADEMY AVENUE,	PROVIDENCE,	RI
VICE PRESIDENT: PAULINE SIGISMONDI,	301 STONEY ACRE DRIVE,	CRANSTON,	RI
SECRETARY: PAULINE SIGISMONDI,	301 STONEY ACRE DRIVE,	CRANSTON,	RI
TREASURER: RUDOLPH SIGISMONDI,	74 ACADEMY AVENUE,	PROVIDENCE,	RI

THE NAMES OF THE DIRECTORS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME			
NAME			
NAME			

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
300	NO PAR VALUE	100	NO PAR VALUE

Date SEPTEMBER 6, 1995

By: X Pauline Sigismondi
PAULINE SIGISMONDI
PRINT OR TYPE NAME OF OFFICER SIGNING
SECRETARY
TITLE OF OFFICER SIGNING

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

RUDOLPH SIGISMONDI
91 ATWELLS AVENUE
PROVIDENCE, RI 02903

FILED
SEP 13 1995
By ce 1694

Filing Fee $50.00
Payable to
Secretary of State

PLEASE TYPE or PRINT

Ch# 1315 mrc

File Annually
LLC: Sept 1 - Nov 1
CORP: Jan 1 - March 1

State of Rhode Island and Providence Plantations
Office of The Secretary of State

100 North Main Street
Providence, Rhode Island 02903-1335
401 277 3040

Corporate ID 00 75234 Annual Report for the year 1994

Name of Business Entity BRADFORD PRESS, INC.

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number [redacted]

For foreign entity, address and telephone number of principal office:

Phone ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

91 ATWELLS AVENUE
PROVIDENCE, RI 02903

Phone (401) 621-7195

Business Entity is (check one):

[X] Business Corporation (See RIGL Chapter 7-1-1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5-1)
[ ] Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed

PAULINE A. SIGISMONDI
VICE PRES. / SECRETARY
91 ATWELLS AVE.
PROVIDENCE, RI 02903.

Brief statement of the character of business conducted in Rhode Island

COMMERCIAL PRINTING
LETTERPRESS & OFFSET

Date of Organization: JANUARY 1, 1994 12-31-93

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

[ ] CHIEF EXECUTIVE OFFICER [X] PRESIDENT (Check One)	RUDOLPH SIGISMONDI	74 ACADEMY AVE. (Home)	PROVIDENCE, RI 02908
[ ] CHIEF OPERATING OFFICER [ ] VICE PRESIDENT (Check One)	PAULINE A. SIGISMONDI	301 STONY ACRE DR. (Home)	CRANSTON, RI 02920
[ ] CUSTODIAN OF RECORDS [X] SECRETARY (Check One)	PAULINE A. SIGISMONDI	301 STONY ACRE DR.	CRANSTON, RI 02920
[ ] CHIEF FINANCIAL OFFICER [X] TREASURER (Check One)	RUDOLPH SIGISMONDI	74 ACADEMY AVE.	PROV. RI 02908

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NONE			

NUMBER OF SHARES AUTHORIZED (If Applicable) 300

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER

CLASS

SERIES

PAR VALUE OR WITHOUT PAR NO PAR VALUE

NUMBER

CLASS

SERIES

PAR VALUE OR WITHOUT PAR

PAID
DEC 09 1994 mrc
SEC'Y OF STATE

Date Dec. 7, 1994

By Pauline A. Sigismondi

PAULINE A. SIGISMONDI
PRINT OR TYPE NAMED OFFICER SIGNING

Vice Pres./Secretary
TITLE OF OFFICER SIGNING

Form 3: 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed