



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

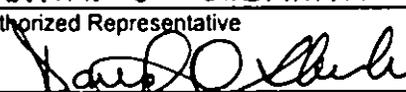
FILED

Annual Report for the year: 2020
 Corporation

JAN 22 2020

BY JAOY AS

- 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>10666</u>		2. Exact name of the Corporation <u>SHEAHAN PRINTING CORPORATION</u>			
3. Principal Office Address <u>ONE FRONT STREET</u>			City <u>WUNSOCKET</u>	State <u>RI</u>	Zip <u>02895</u>
4. NAICS Code <u>31-33</u> <u>32420</u>		6. Brief description of the character of business conducted in Rhode Island <u>COMMERCIAL PRINTER OF MARKETING</u>			
5. State of Incorporation <u>RI</u>		<u>MATERIALS, BROCHURES, NEWSLETTERS</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>DAVID O SHEAHAN</u>			Vice-President Name <u>KEVIN R SHEAHAN</u>		
Street Address <u>17 BEAUREGARD AVE</u>			Street Address <u>115 FERNCLIFFE RD</u>		
City <u>LINCOLN</u>	State <u>RI</u>	Zip <u>02865</u>	City <u>SEEKONK</u>	State <u>MA</u>	Zip <u>02771</u>
Secretary Name <u>KEVIN R SHEAHAN</u>			Treasurer Name <u>DAVID O SHEAHAN</u>		
Street Address <u>115 FERNCLIFFE RD</u>			Street Address <u>17 BEAUREGARD AVE</u>		
City <u>SEEKONK</u>	State <u>MA</u>	Zip <u>02771</u>	City <u>LINCOLN</u>	State <u>RI</u>	Zip <u>02865</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>N/A</u>			Director Name <u>N/A</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <u>N/A</u>			Director Name <u>N/A</u>		
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	CLASS/SERIES	PAR VALUE
			<u>250</u>	<u>CNP</u>	<u>\$ 0</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 O SHEAHAN</u>					Date <u>1-9-2020</u>
Signature of Authorized Representative 					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