



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

FILED

Annual Report for the year: 2020  
Corporation

JAN 22 2020

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

BY 1204 DS

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>WONSOCKET</u>	State <u>RI</u>
Zip <u>02895</u>			
4. NAICS Code <u>32420</u> <u>31-33</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) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
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>	City <u>SEEKONK</u>	State <u>MA</u>
Zip <u>02865</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>	City <u>LINCOLN</u>	State <u>RI</u>
Zip <u>02771</u>		Zip <u>02865</u>	
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>N/A</u>		Director Name <u>N/A</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name <u>N/A</u>		Director Name <u>N/A</u>	
Street Address		Street Address	
City	State	City	State
Zip		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>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 <u>[Signature]</u> SIGN DOCUMENT HERE			

MAIL TO:  
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Website: www.sos.ri.gov