Rhode Island and rtment of State			ivieion		_		
Annual Report for the year: Corporation			FILED				
Filing period: January 1 - March 1			•	JAN 172020			
 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 			BY				
Entity ID Number 2. Exact name of the Corporation			THULL ()				
0 (7 0 0 5 9 2 1 3 3. Principal Office Address	C +	ame, In					
41 Rocky Holl	low Roo	ad	East 1	Greenwich	State 7) 24 J	
4. NAICS Code 7	6. Brief description	on of the characte	of business	conducted in Rhode Is	land	P010 10	
5. State of Incorporation	Printing Franchise						
Rhode Island		ing tranc	hise				
7. List ALL officers (names and addn President Name	esses)	· · · · · · · · · · · · · · · · · · ·	1.6	Check t	he box to ii	ndicate an attachment	
L_ Joan V Re	Vice-President Name Stanley R. Reuter						
Street Address 90 Tefferson Drup			Street Address				
	State	Zip		~	State	Zip 12818	
Secretary Name	euter	028 18	Treasurer Nar	reenwich	17.7	100818	
Street Address	Joan y Reuter Street Address						
90 Jefferson	90 Jefferson Drive						
East Greenwich	State R	Zip 12818	East E	Greenwich	State	2ip 02818	
8. List ALL directors (names and add Director Name	resses)		7	Check tt	ne box to in	ndicate an attachment	
- Name			Director Name	•			
Street Address			Street Address				
	tate	Zip	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	tate	Zip	City		State	Zip	
9. Shares Authorized		10 Shares Issued		Check th	e hov to in	dicate an attachment	
This information is currently of record in Department of State.	n the	NUMBER OF SK	ARES	CLASS/SERIES	- DOX (O III	PAR VALUE	
多,000 COMM \$1. (Changes require an additional filing.	D PAR VALUE	100		common		1.00	

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. Date

Name of Authorized Representative

Signature of Authorized Representative

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov