



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

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 BUS & SOS DIV

2020 FEB 10 P 1:54

Annual Report for the year: 2020
Corporation

- 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 128371		2. Exact name of the Corporation Meridian Printing, Inc.			
3. Principal Office Address 1538 South County Trail			City East Greenwich	State RI	Zip 02818
4. NAICS Code 999999		6. Brief description of the character of business conducted in Rhode Island To engage in the business of commercial printing and related activities.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Nangle			Vice-President Name None		
Street Address 1538 South County Trail			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Steven G. Lee			Treasurer Name Robert Nangle		
Street Address 2 Burgis Lane			Street Address 1538 South County Trail		
City Guilford	State CT	Zip 06437	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert Nangle			Director Name Steven G. Lee		
Street Address 1538 South County Trail			Street Address 2 Burgis Lane		
City East Greenwich	State RI	Zip 02818	City Guilford	State CT	Zip 06437
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. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1,000		Class A Common
			0		Class B Common
			PAR VALUE	\$0.01 par	
				\$0.01 par	
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. <i>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.</i>					
Name of Authorized Representative Robert Nangle				Date 1/27/20	
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

FEB 10 2020

BY Mr 67190
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FORM 630 - Revised: 10/2017

FILED