



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

2020 FEB 26 P 2:14 PM

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 000004825		2. Exact name of the Corporation Copy Print Company			
3. Principal Office Address 176 North View Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 811310		6. Brief description of the character of business conducted in Rhode Island Copying and printing services			
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 Lisa A. Nofi			Vice-President Name Lisa A. Nofi		
Street Address 176 North View Avenue			Street Address 176 North View Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Lisa A. Nofi			Treasurer Name Lisa A. Nofi		
Street Address 176 North View Avenue			Street Address 176 North View Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lisa A. Nofi			Director Name		
Street Address 176 North View Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
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	PAR VALUE
			100.00	STK	\$0.0000
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 Lisa A. Nofi				Date 2/17/2020	
Signature of Authorized Representative 					

FILED

FEB 26 2020

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