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FILED

JAN 15 2021

BY

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2021

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	2. Exact name of the Corporation
000080415	**RJH Printing, Inc.**

3. Principal Office Address	City	State	Zip
6770 Post Road	**North Kingstown**	**RI**	**02852**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
453991	**To acquire by purchase, lease otherwise to own, operate and maintain a business for the purpose of printing, binding and copying.**
5. State of Incorporation: **RHODE ISLAND**	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Raoul Holzinger	**6770 Post Road**	**North Kingstown**	**RI**	**02852**

Vice-President Name	Street Address	City	State	Zip
Raoul Holzinger	**SAME**			

Secretary Name	Street Address	City	State	Zip
Raoul Holzinger				

Treasurer Name	Street Address	City	State	Zip
Raoul Holzinger				

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Raoul Holzinger	**6770 Post Road**	**North Kingstown**	**RI**	**02852**

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	**COMMON**	**NO 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.

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	Date
RAOUL HOLZINGER, PRESIDENT	JAN 5, 2021

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

FORM 630 - Revised: 10/2017