



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.

STAMP

BY 6231 OS

1. Entity ID Number 11325	2. Exact name of the Corporation Tap Printing, Inc.
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3. Principal Office Address 628 Metacom Avenue	City Warren	State RI	Zip 02885
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4. NAICS Code 323119	6. Brief description of the character of business conducted in Rhode Island To procure and sell wholesale and retain commercial printing materials and 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 Timothy A. Pray			Vice-President Name Timothy A. Pray		
Street Address 724 Hope Street			Street Address 724 Hope Street		
City Bristol	State RI	Zip 02809-1931	City Bristol	State RI	Zip 02809-1931
Secretary Name			Treasurer Name Timothy A. Pray		
Street Address			Street Address 724 Hope Street		
City	State	Zip	City Bristol	State RI	Zip 02809-1931

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	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 Timothy A. Pray, President	Date 1-12-2021
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Signature of Authorized Representative
Timothy A. Pray, President 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