



State of Rhode Island

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.

FILED**STAMP**

JAN 29 2021

BY

1. Entity ID Number 31835		2. Exact name of the Corporation PROPRINT INCORPORATED			
3. Principal Office Address 1145 Atwood Avenue			City Johnston		State RI
			Zip 02919-0000		
4. NAICS Code 323113		6. Brief description of the character of business conducted in Rhode Island printing services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name David M. DeStefano			Vice-President Name Valerie DeStefano		
Street Address 46 Fox Ridge Drive			Street Address 46 Fox Ridge Drive		
City Cranston	State RI	Zip 02921-	City Cranston	State RI	Zip 02921-
Secretary Name David M. DeStefano			Treasurer Name Valerie DeStefano		
Street Address 46 Fox Ridge Drive			Street Address 46 Fox Ridge Drive		
City Cranston	State RI	Zip 02921-	City Cranston	State RI	Zip 02921-
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name David M. DeStefano			Director Name Valerie DeStefano		
Street Address 46 Fox Ridge Drive			Street Address 46 Fox Ridge Drive		
City Cranston	State RI	Zip 02921-	City Cranston	State RI	Zip 02921-
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS-SERIES		
			PAR VALUE		
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 David M. DeStefano President				Date 1/04/2021	
Signature of Authorized Representative President					

MAIL TO:

Division of Business Services

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