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	2. Exact name of the Corporation			
31835	PROPRINT INCORPORATED			
3. Principal Office Address		City	State	Zip
1145 Atwood Avenue		Johnston	RI	02919-0000
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
323113	printing services			
5. State of Incorporation				
RI				

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

President Name			Vice-President Name		
David M. DeStefano			Valerie DeStefano		
Street Address			Street Address		
46 Fox Ridge Drive			46 Fox Ridge Drive		
City	State	Zip	City	State	Zip
Cranston	RI	02921-	Cranston	RI	02921-
Secretary Name			Treasurer Name		
David M. DeStefano			Valerie DeStefano		
Street Address			Street Address		
46 Fox Ridge Drive			46 Fox Ridge Drive		
City	State	Zip	City	State	Zip
Cranston	RI	02921-	Cranston	RI	02921-

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

Director Name			Director Name		
David M. DeStefano			Valerie DeStefano		
Street Address			Street Address		
46 Fox Ridge Drive			46 Fox Ridge Drive		
City	State	Zip	City	State	Zip
Cranston	RI	02921-	Cranston	RI	02921-
Director Name			Director Name		
none			none		
Street Address			Street Address		
none			none		
City	State	Zip	City	State	Zip
none	none	none	none	none	none

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS-SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	Common	No Par
Changes require an additional filing.			

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
David M. DeStefano	President	1/04/2021

Signature of Authorized Representative

President

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: 08/2020