RI SOS Filing Number: 202193498200 Date: 3/1/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED STAMP
MAR 0 1 2021
BY 53850

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		
000437663	JEANNE'S PRINTING, INC.		
3. Principal Office Address	City	State	Zip
805 Central Avenue	Pawtucket	RI	02861
4. NAICS Code: 322230	6. Brief description of the character of business conducted in Rhode Island: Retail, Wholesale and Commercial Printing and Copying		
5. State of Incorporation: Rhode Island			

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

President Name: Jeanne F. Salisbury			Vice-President Name: ~~Jeremy J. Salisbury~~ Jeanne F. Salisbury		
Street Address: 805 Central Avenue			Street Address: ~~33 Urrico Avenue~~ 805 Central Ave		
City: Pawtucket	State: RI	Zip: 02861	City: ~~North Smithfield~~ Pawtucket	State: RI	Zip: 02896
Secretary Name: Jeanne F. Salisbury			Treasurer Name: Jeanne F. Salisbury		
Street Address: 805 Central Avenue			Street Address: 805 Central Avenue		
City: Pawtucket	State: RI	Zip: 02861	City: Pawtucket	State: RI	Zip: 02861

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

Director Name: Jeanne F. Salisbury			Director Name		
Street Address: 805 Central Avenue			Street Address		
City: Pawtucket	State: RI	Zip: 02861	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 ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	Common	No 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	Date
Jeanne F. Salisbury	2/26/21
Signature of Authorized Representative: Jeanne F. Salisbury	

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