



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

MAR 5 2021 STAMP

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY: 1092
FOR SECRETARY OF STATE ONLY

1. Entity ID Number 001672158		2. Exact name of the Corporation PTI Screen Printing Inc			
3. Principal Office Address 32 Fern Drive			City Warren	State RI	Zip 02885
4. NAICS Code 541490		6. Brief description of the character of business conducted in Rhode Island Screen Printing			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul Sobrelro			Vice-President Name Paul Sobrelro		
Street Address 32 Fern Drive			Street Address 32 Fern Drive		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Paul Sobrelro			Treasurer Name Paul Sobrelro		
Street Address 32 Fern Drive			Street Address 32 Fern Drive		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paul Sobrelro			Director Name		
Street Address 32 Fern Drive			Street Address		
City Warren	State RI	Zip 02885	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. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			3000	CNP	00
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. <i>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.</i>					
Name of Authorized Representative Paul Sobrelro					Date 3/01/21
Signature of Authorized Representative 					SIGN DOCUMENT HERE