



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

JUN 17 2021

BY 11030
QA

- 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 000075234		2. Exact name of the Corporation Bradford Press Inc.			
3. Principal Office Address 91 Atwells Avenue			City Providence	State RI	Zip 02903
4. NAICS Code <u>42430</u>		6. Brief description of the character of business conducted in Rhode Island To carry on the business of printers			
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 Sigismondi		Vice-President Name None			
Street Address 301 Stony Acre Drive		Street Address			
City Cranston	State RI	Zip 02903	City	State	Zip
Secretary Name None		Treasurer Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name None		Director Name None			
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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		None			
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 Sigismondi				Date 6/1/21	
Signature of Authorized Representative 					