RI SOS Filing Number: 202100358630 Date: 8/25/2021 2:58:00 PM

| State of Rhode Island Department of Sta | te - Busine | ess Services Div | vision | | | | |
|---|--|---------------------------|---|------------------------|-----------------|---------------------------|---------------------------|
| Annual Report for the ye | ar: 2021 | | | | | | |
| Corporation <u>2021</u> | | | | RECEIVE | D | | |
| → Filing period: January 1 - March 1 | | | RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV | | | | |
| → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe | ee if form is no | t filed by April 1. | | 503 2402 (| ۱۷ | | |
| 1. Entity ID Number | 2. Exact name | e of the Corporation | | 2021 AUG 25 F | 2. 55 | | . |
| 131714 | Park Prin | ters, Inc. | | | | | |
| 3. Principal Office Address | 1 | | !City | | State | | Zip |
| c/o Gaschen Law Offices, 180 Little Pond County Road | | | Cumberland | | RI | | 02864 |
| 4. NAICS Code | 1 | • | of business co | onducted in Rhode Isla | and | | |
| 322230 | Printing and stationery sales | | | | | | |
| 5. State of Incorporation | | | | | | | |
| RI | | | | | | | |
| 7. List ALL officers (names and add President Name Peter Sawaia | Check the box to indicate an attachment V:ce-President Name | | | | | | |
| Peter Sawaia | Mark Sawaia | | | | | | |
| Street Address 496 Power Road | Street Address 496 Power Road | | | | | | |
| City Pawtucket | State RI | Zip 02860-1526 | City Pawtuck | State RI | ļ | ^{Zip} 02860-1526 | |
| Secretary Name Peter Sawaia | I | | Treasurer Name Mark Sawaia | | | | |
| | | | | | | | |
| Street Address 496 Power Road | | | Street Address 496 Power Road | | | | |
| ^{City} Pawtucket | State RI | ^{Zip} 02860-1526 | City Pawtucket | | State RI | | ^{Zip} 02860-1526 |
| 8. List ALL directors (names and ad | Test to the | | e box to it | ndicate a | n attachment 🔲 | | |
| Director Name | | | Director Name | | | | |
| Street Address | Street Address | | | | | | |
| City | State | Zip | City | | State | | Zip |
| Director Name | <u>L_</u> | | Director Name | | | | |
| Street Address | Charat Addison | | | | | | |
| Streat Address | | | Street Address | | | | |
| City | State | Zip | City | | State | | Zip |
| 9. Shares Authorized | 1 | 10. Shares Issue | <u>d</u> | Check th | ıe box to ir | ndicate a | n attachment |
| This information is currently of record in the Department of State. | | NUMBER OF SH | IARES | CLASS/SERIES | | PAR VALUE | |
| , in the second | | 8000 | Common | | No Par | | ır |
| Changes require an additional filing. | | | | | | | |
| 11. This report must be executed o | | | | | ation is in t | he hands | s of a receiver or |
| trustee, this report must be execute Under penalty of perjury, I decla | | | | | anving e | chedule | s and |
| statements, and that all stateme | nts contained | | | relating any accomp | | | y unu |
| Name of Authorized Representative | | | | | Date 25, 2004 | | |
| Peter Sawaia | | | | | August 25. 2021 | | |
| Signature of Authorized Represent | | | FIL | ED | | | |
| MAIL TO: AUG 2 5 2021 | | | | | | | |

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