RI SOS Filing Number: 202331438060 Date: 3/21/2023 4:00:00 PM



State of Rhode Island and Providence Plantations

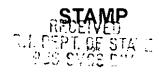
## **Department of State - Business Services Division**

Annual Report for the year: 2023

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00



→ Penalty: Additional \$25.00 fee if form is not filed by April 1. 2023 HAR 21 P 2: 37 1. Entity ID Number 2. Exact name of the Corporation 000005322 CROSSTOWN PRESS, INC. 3. Principal Office Address State Zip 829 PARK AVENUE CRANSTON 02910 RI 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island PRINTING BUSINESS 323111 State of Incorporation List ALL officers (names and addresses) Check the box to indicate an attachment President Name STEVEN H. LEVY Vice-President Name MIRIAM LEVY Street Address 829 PARK AVENUE Street Address 829 PARK AVENUE State RI State RI City CRANSTON <sup>Žip</sup>02910 City CRANSTON Žip 02910 Secretary Name DONNY J. LEVY Treasurer Name STEVEN H. LEVY Street Address 829 PARK AVENUE Street Address 829 PARK AVENUE State RI City CRANSTON <sup>Z<sub>1</sub>p</sup>02910 City CRANSTON State <sup>Žip</sup> 02910 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name MIRIAM LEVY Director Name STEVEN H. LEVY Street Address 829 PARK AVENUE Street Address 829 PARK AVENUE State <sup>Zip</sup> 02910 CRANSTON State **CRANSTON** RI RΙ 02910 Director Name DONNY J. LEVY Director Name Street Address 829 PARK AVENUE Street Address State RI CRANSTON <sup>Zip</sup>02910 City State Zip 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment This information is currently of record in the NUMBER OF SHARES CLASS/SERIES Department of State. 600 COMMON NONE 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 STEVEN H. LEVY Signature of Authorized Representative SIGN DOCHARNE 1E 2023

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov