



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.

**STAMP**  
RECEIVED  
RI DEPT. OF STATE  
BUS SERVICES DIV  
2023 MAR 21 P 2:37

1. Entity ID Number 000005322		2. Exact name of the Corporation CROSSTOWN PRESS, INC.			
3. Principal Office Address 829 PARK AVENUE			City CRANSTON	State RI	Zip 02910
4. NAICS Code 323111	6. Brief description of the character of business conducted in Rhode Island PRINTING BUSINESS				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name STEVEN H. LEVY			Vice-President Name MIRIAM LEVY		
Street Address 829 PARK AVENUE			Street Address 829 PARK AVENUE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
Secretary Name DONNY J. LEVY			Treasurer Name STEVEN H. LEVY		
Street Address 829 PARK AVENUE			Street Address 829 PARK AVENUE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name STEVEN H. LEVY			Director Name MIRIAM LEVY		
Street Address 829 PARK AVENUE			Street Address 829 PARK AVENUE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
Director Name DONNY J. LEVY			Director Name		
Street Address 829 PARK AVENUE			Street Address		
City CRANSTON	State RI	Zip 02910	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			600	COMMON	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.					
<b>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.</b>					
Name of Authorized Representative STEVEN H. LEVY				Date 3/16/23	
Signature of Authorized Representative 				SIGN DOCUMENT HERE MAR 21 2023 BY 049K11	