



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

APR 25 2023

200 *or*

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000066711		2. Exact name of the Corporation RTC Holdings Inc.			
3. Principal Office Address 1035 Great Road			City Lincoln	State RI	Zip 02865
4. NAICS Code 323113		6. Brief description of the character of business conducted in Rhode Island To acquire, own and operate printing and related businesses			
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 Robert T. Chito			Vice-President Name None		
Street Address 1035 Great Road			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name Robert T. Chito			Treasurer Name Robert T. Chito		
Street Address 1035 Great Road			Street Address 1035 Great Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Robert T. Chito			Director Name		
Street Address 1035 Great Road			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <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.		NUMBER OF SHARES		CLASS/SE.RSES	PAR VALUE
		5000		Common	\$1.00 par
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 Robert T. Chito					Date 4/20/2023
Signature of Authorized Representative 					

MAIL TO:  
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