



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

JUL 03 2023

BY 102666 DS

1. Entity ID Number 000010666		2. Exact name of the Corporation Sheahan Printing Corporation	
3. Principal Office Address One Front Street		City Woonsocket	State RI
		Zip 02895	
4. NAICS Code 31-33 <u>33420</u>	6. Brief description of the character of business conducted in Rhode Island Commercial Printer of Marketing Materials, Brochures, Newsletters		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name David O Sheahan		Vice-President Name Kevin R Sheahan	
Street Address 17 Beauregard Ave		Street Address 115 Ferncliffe Rd	
City Lincoln	State RI	City Seekonk	State MA
Zip 02865		Zip 02771	
Secretary Name Kevin R Sheahan		Treasurer Name David O Sheahan	
Street Address 115 Ferncliffe Rd		Street Address 17 Beauregard Ave	
City Seekonk	State MA	City Lincoln	State RI
Zip 02771		Zip 02865	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name n/a		Director Name n/a	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name n/a		Director Name n/a	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		250	CNP
			\$0
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 David O Sheahan <u>David O Sheahan</u>			Date 6/28/2023
Signature of Authorized Representative			

MAIL TO:

Division of Business Services
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