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State of Rhode Island
Department of State - Business Services Division

FILED
MAR 18 2024
BY

Annual Report for the year: 2024
Corporation
→ 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	2. Exact name of the Corporation			
21681	PRECISION BUSINESS FORMS, LTD.			
3. Principal Office Address		**City**	**State**	**Zip**
1580 PONTIAC AVE.		CRANSTON	RI	02920
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**			
81	BUSINESS FORMS DISTRIBUTORSHIP			
5. State of incorporation				
RI				

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name		Vice-President Name		
DAVID M. WILBUR		(SAME)		
Street Address		**Street Address**		
217 ROCKLAND ROAD				
City	**State** / **Zip**	**City**	**State**	**Zip**
SCITUATE	RI 02857			
Secretary Name		**Treasurer Name**		
(SAME)		(SAME)		
Street Address		**Street Address**		
City	**State** / **Zip**	**City**	**State**	**Zip**

8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐

Director Name		Director Name		
NONE		NONE		
Street Address		**Street Address**		
City	**State** / **Zip**	**City**	**State**	**Zip**
Director Name		**Director Name**		
NONE		NONE		
Street Address		**Street Address**		
City	**State** / **Zip**	**City**	**State**	**Zip**

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	500	COMMON	NO PAR VALUE

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	Date
DAVID M. WILBUR	3/14/24
Signature of Authorized Representative	
David M Wilbur	

MAIL TO:
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: 12/2023