



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

**Annual Report for the year: 2024**  
**Corporation**

APR 17 2024  
 BY 14308 DS

- 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<br><b>000010354</b>  |                    | 2. Exact name of the Corporation<br><b>TIFFANY PRINTING COMPANY</b>  |  |                           |                     |
| 3. Principal Office Address<br><b>952 TIOGUE AVENUE</b>  |                    |  | City<br><b>COVENTRY</b>                                | State<br><b>RI</b>        | Zip<br><b>02816</b> |
| 4. NAICS Code<br><b>561439</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>COMMERCIAL AND SOCIAL PRINTING COMPANY</b> |  |                           |                     |
| 5. State of Incorporation<br><b>RI</b>   |                    |  |  |                           |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |  |                           |                     |
| President Name<br><b>CHRISTOPHER T. COUTURE</b>  |                    |  | Vice-President Name<br><b>LYMARY DEL VALLE COUTURE</b> |                           |                     |
| Street Address<br><b>952 TIOGUE AVENUE</b>   |                    |  | Street Address<br><b>952 TIOGUE AVENUE</b>             |                           |                     |
| City<br><b>COVENTRY</b>  | State<br><b>RI</b> | Zip<br><b>02816</b>  | City<br><b>COVENTRY</b>                                | State<br><b>RI</b>        | Zip<br><b>02816</b> |
| Secretary Name   |                    |  | Treasurer Name   |                           |                     |
| Street Address   |                    |  | Street Address   |                           |                     |
| City   | State              | Zip  | City   | State                     | Zip                 |
|  |                    |  |  |                           |                     |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |  |                           |                     |
| Director Name  |                    |  | Director Name  |                           |                     |
| Street Address   |                    |  | Street Address   |                           |                     |
| City   | State              | Zip  | 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.<br><br>Changes require an additional filing.   |                    | NUMBER OF SHARES   |  | CLASS/SERIES              | PAR VA. IIF         |
|  |                    | <b>200</b>   |  | <b>CNP</b>                | <b>0.0000</b>       |
|  |                    |  |  |                           |                     |
| 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.<br><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<br><b>CHRISTOPHER COUTURE</b>  |                    |  |  | Date<br><b>03/01/2024</b> |                     |
| Signature of Authorized Representative<br>   |                    |  |  |                           |                     |