



State of Rhode Island
Department of State - Business Services Division

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.

FILED STATE

MAY 01 2024

BY

14856

1. Entity ID Number 000141431		2. Exact name of the Corporation Patriot Printing Inc.			
3. Principal Office Address 164 Grand Avenue			City Cranston	State RI	Zip 02905
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island To operate a forms and printing service business.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kathleen L. Rouleau			Vice-President Name		
Street Address 164 Grand Ave.			Street Address		
City Cranston	State RI	Zip 02905	City	State	Zip
Secretary Name Kathleen L. Rouleau			Treasurer Name Kathleen L. Rouleau		
Street Address 164 Grand Ave.			Street Address 164 Grand Ave.		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kathleen L. Rouleau			Director Name		
Street Address 164 Grand Ave.			Street Address		
City Cranston	State RI	Zip 02905	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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	PAR VALUE	
		1000	Common	\$.01	
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 Kathleen L. Rouleau				Date 4/22/24	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov