



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000070123		2. Exact name of the Corporation The Quality Label Company				
3. Principal office address 345 Putnam Pike Unit 43			City Smithfield	State RI	Zip 02917	
4. Business Phone No. 401-231-7294			5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Mfg of Pressure Sensitive Labels						
7. LIST ALL OFFICERS (NAME AND ADDRESS) BY BOX FOR ATTACHMENT <input type="checkbox"/>						
President Name Andrew Puleo			Vice-President Name Andrew Puleo			
Street Address 1094 Great Road			Street Address 1094 Great Road			
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865	
Secretary Name Andrew Puleo			Treasurer Name Andrew Puleo			
Street Address 1094 Great Road			Street Address 1094 Great Road			
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) BY BOX FOR ATTACHMENT <input type="checkbox"/>						
Director Name None			Director Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name None			Director Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED						
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
				100	Common	No Par
10. SHARES ISSUED BY BOX FOR ATTACHMENT <input type="checkbox"/>						

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.

Andrew Puleo

Signature of Authorized Representative

12/31/2012

Date

Andrew Puleo

Print or Type Name of Authorized Representative

FILED 354

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BY 0194335