



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 2015

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. 000795000		2. Exact name of the Corporation Sign-Zone, Inc.			
3. Principal office address 6850 Shingle Creek Parkway			City Brooklyn Center	State MN	Zip 55430
4. Business Phone No. 763-746-1371		5. State of Incorporation MN			
6. Brief description of the character of business conducted in Rhode Island Provider of visual communication products					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John Bruellman			Vice-President Name Dennis Flaherty		
Street Address 824 Beach Road			Street Address 7004 Dakota Ave		
City Waconia	State MN	Zip 55387	City Chanhassen	State MN	Zip 55317
Secretary Name Dennis Flaherty			Treasurer Name George Frost		
Street Address 7004 Dakota Ave			Street Address 8804 Pointe Vista Drive		
City Chanhassen	State MN	Zip 55317	City Victoria	State MN	Zip 55386
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" 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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			49,769	Common	.01

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 SECRETARY OF STATE
 CORPORATIONS DIV.
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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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

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.

FILED ← Deb Weston S/10/16
 Signature of Authorized Representative Date

Deb Weston
 Print or Type Name of Authorized Representative

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BY CN 274162
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