PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ___2010___

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00 • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.

1. Corporate ID No.	2. Name of Corporation:
507893	Rhode Island Monthly Communications, Inc.

3. Street Address Principal Business Office	City	State	Zip
717 Allens Ave	Providence	RI	02905

4. Business Phone No.	5. State of Incorporation
401-649-4884	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island

Publishing

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
John J. Palumbo			none		
Street Address			Street Address		
12 Carriage Way					
City	State	Zip	City	State	Zip
North Providence	RI	02904			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
Same as above			none		
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 ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION **MUST** BE COMPLETED

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	$1.00

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.

Signature _____ Date 3/17/10

Print or Type Name   JOHN J PALUMBO

Title   PUBLISHER / PRESIDENT

File Date **FILED**
Check No. **MAR 2 6 2010** 895
By: **By**
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08