



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 2014

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. 507893		2. Exact name of the Corporation Rhode Island Monthly Communications, Inc.	
3. Principal office address 317 Allens Ave		City Providence	State RI
		Zip 02916	
4. Business Phone No. 401-641-4881		5. State of Incorporation Rhode Island	
6. Brief description of the character of business conducted in Rhode Island Publishing			

LIST ALL OFFICERS (NAMES AND ADDRESSES) (CHECK BOX FOR ATTACHMENT)			
President Name John Palumbo		Vice-President Name <input checked="" type="checkbox"/>	
Street Address 12 Carriage Way		Street Address <input type="checkbox"/>	
City N. Providence	State RI	Zip 02901	
Secretary Name <input type="checkbox"/>		Treasurer Name <input type="checkbox"/>	
Street Address <input type="checkbox"/>		Street Address <input type="checkbox"/>	
City <input type="checkbox"/>	State <input type="checkbox"/>	Zip <input type="checkbox"/>	

LIST ALL DIRECTORS (NAMES AND ADDRESSES) (CHECK BOX FOR ATTACHMENT)			
Director Name <input type="checkbox"/>		Director Name <input type="checkbox"/>	
Street Address <input type="checkbox"/>		Street Address <input type="checkbox"/>	
City <input type="checkbox"/>	State <input type="checkbox"/>	Zip <input type="checkbox"/>	
Director Name <input type="checkbox"/>		Director Name <input type="checkbox"/>	
Street Address <input type="checkbox"/>		Street Address <input type="checkbox"/>	
City <input type="checkbox"/>	State <input type="checkbox"/>	Zip <input type="checkbox"/>	

9. SHARES AUTHORIZED	10. SHARES ISSUED (CHECK BOX FOR ATTACHMENT)		
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
	1,000	Common	100

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

FILED
MAR 21 2014
6391

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.

David E. Krzyk **3/20/14**
 Signature of Authorized Representative Date

David E. Krzyk
 Print or Type Name of Authorized Representative