



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

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. 71976		2. Name of Corporation Advertising Ventures, Inc.			
3. Street Address Principal Business Office 10 Davel Square		City Providence	State RI	Zip 02903	
4. Business Phone No. 401-453-4748		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island Provide advertising + marketing consulting services to any firm, business entity, individual, etc.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stephen Rosa		Vice President Name Mary Sadlier			
Street Address 23 Windmill Lane		Street Address 23 Windmill Lane			
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02916
Secretary Name None		Treasurer Name none			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	Comm	No Par Value			

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

Mary Sadlier
Print or Type Name

Executive Vice President
Title

FILED

File Date
JAN 10 2008

Check No.
By 646450 8:40

By:

FOR SECRETARY OF STATE USE ONLY