



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 2008

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. 7434		2. Name of Corporation HURLEY, CHANDLER & CHAFFER, INC.		
3. Street Address Principal Business Office 2757 Pawtucket Avenue; Suite 200		City East Providence	State RI	Zip 02914
4. Business Phone No. 4012735530		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island OPERATE A GENERAL ADVERTISING AGENCY.				
7. NAMES AND ADDRESSES OF THE OFFICERS: (X) BOX FOR ATTACHMENT <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Robert Hurley		Vice President Name		
Street Address 2757 Pawtucket Avenue; Suite 200		Street Address		
City East Providence	State RI	Zip 02914	City	State RI
Secretary Name Kerry Chaffer		Treasurer Name Robert Hurley		
Street Address 2757 Pawtucket Avenue; Suite 200		Street Address 2757 Pawtucket Avenue; Suite 200		
City East Providence	State RI	Zip 02914	City East Providence	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: (X) BOX FOR ATTACHMENT <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Robert Hurley		Director Name Thomas Chandler		
Street Address 2757 Pawtucket Avenue; Suite 200		Street Address 2757 Pawtucket Avenue; Suite 200		
City East Providence	State RI	Zip 02914	City East Providence	State RI
Director Name Kerry Chaffer		Director Name		
Street Address 2757 Pawtucket Avenue; Suite 200		Street Address		
City East Providence	State RI	Zip 02914	City	State RI
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
2,000	NO PAR VALUE		300	Common
				No Par
THIS SECTION MUST BE COMPLETED				

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.



7 4 3 4

FILED
File Date
Check No. **JAN 15 2008**
By: [Signature]
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.

[Signature] 1/10/08
Signature Date

Robert Hurley
Print or Type Name
President
Title