

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

1, Corporate ID No. 154582	People and	2. Name of Corporation People and Places Magazine, Inc.				
3. Street Address Principal Business Office 1A Liena Rose Way			Cuy Coventry	State RI	02816	
4. Business Phone No. 401-828-8700		RHODE ISLA	5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Ch Photos and stories of	aracter of Business Conduct f people and places a					
7. NAMES AND ADDR Prestdent Name	ESSES OF THE OFFIC	CERS: ("X" BOX FOR A	**TTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS	
John R. Assalone			Carmine Olivieri	Carmine Olivieri		
Street Address 1A Liena Rose Way			Street Address 1A Liena Rose Way			
Сиу	State	<i>Ζψ</i>	Cuy	State RI	Σφ 02816	
Coventry	RI	02816	Coventry Treasurer Name			
Secretary Name Arnold N. Montaquila			None			
Street Address 400 Reservoir Ave	nue, Suite 3A		Street Address			
City Providence	State RI	<i>хір</i> 029 07	City	State	Zip	
			: R <i>attachment)</i> [] fill i	l N SPACES BEFORE USI	 NG ATTACHMENTS	
Director Name		· · · ·	Director Name			
None			67 4770	Count Address		
Street Address			Street Address			
City	State	ZΨ	City	State	Ziji	
Director Name		J	Director Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Ztp	
9. SHARES AUTHORIZ	ZED ("X" BOX FOR	 ATTACHMENT) [[]		 O <i>("X" BOX FOR ATTA</i> (ECTION <u>MUST</u> BE COMPLETE	—	
AUTHORIZED SHARES Number of Shares Class/Series Par Value		Par Value	Number of Shares	Class/Series	Par Value	
1,700,000 \$0.01 PAR VALUE			100		\$0.01 Par Value	
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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				de of a receiver or trustee	
This report must be ex-	ecuted on behalf of the	e corporation by an auti- e corporation by the rece	norized representative. If the giver or trustee.	corporation is in the nan	us of a feceiver of trustee,	
				\sim \wedge		
			Under penalty of	periury, I declare and affirm	n that I have examined this reparter that I have examined this reparter that all statem	
FII	FN			are true and correct.	statements, and that an statem	
File Date	- I I		11		1/23/08	
FEB. 9	2 0 2008	_	Signature	-	Date	
Check No.	- 3322An	[-]	John R	R. Assalone		
By	<u> </u>	0	Print or Type Nan			
			Presid	lent		
FOR SECRETAR	Y OF STATE USE ONLY		Title			