RI SOS Filing Number: 200809676400 Date: 03/06/2008 4:00 PM

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.	2. Name of Corporation			
87590	Providence Equity Partners Inc.			
3. Street Address Principal Business Office		City	State	Zip
50 Kennedy Plaza		Providence	RI	02903
4. Business Phone No.	5. State of Incorporation			
(401) 751-1700	Delaware			

6. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE MANAGEMENT SERVICES

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

President Name	Street Address	City	State	Zip
Jonathan M. Nelson	50 Kennedy Plaza - 18th Floor	Providence	RI	02903

Vice President Name	Street Address	City	State	Zip
Glenn M. Creamer	50 Kennedy Plaza - 18th Floor	Providence	RI	02903

Secretary Name	Street Address	City	State	Zip
Jonathan M. Nelson	50 Kennedy Plaza - 18th Floor	Providence	RI	02903

Treasurer Name	Street Address	City	State	Zip
Raymond M. Mathieu	50 Kennedy Plaza - 18th Floor	Providence	RI	02903

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

Director Name	Street Address	City	State	Zip
Jonathan M. Nelson	50 Kennedy Plaza - 18th Floor	Providence	RI	02903

Director Name	Street Address	City	State	Zip
Glenn M. Creamer	50 Kennedy Plaza - 18th Floor	Providence	RI	02903

Director Name	Street Address	City	State	Zip
Paul J. Salem	50 Kennedy Plaza - 18th Floor	Providence	RI	02903

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
3,000	Common	No Par Value

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1,100	Common	No Par Value
900	Non-Voting	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.

[redacted]

[redacted]

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.

Raymond M. Mathieu 2/24/08
Signature *Date*

Raymond M. Mathieu
Print or Type Name

[redacted] Treasurer
Title

File Date FILED

Check No. MAR 06 2008

By: By DS 15511

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