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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			
9521	FULL CHANNEL TV, INC.			
3. Street Address Principal Business Office		City	State	Zip
57 Everett Street		Warren	RI	02885
4. Business Phone No.	5. State of Incorporation			
247-2250	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Cable Television

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

President Name	Vice President Name
Linda Jane Maaia	Levi C. Maaia
Street Address: 18 Bourne Avenue	Street Address: 57 Everett Street
City: Rumford; State: RI; Zip: 02916	City: Warren; State: RI; Zip: 02885
Secretary Name: Linda Jane Maaia	Treasurer Name: Linda Jane Maaia
Street Address: 18 Bourne Avenue	Street Address: 18 Bourne Avenue
City: East Prov.; State: RI; Zip: 02916	City: East Prov.; State: RI; Zip: 02916

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

Director Name	Director Name
Hilda P. Donofrio, Chairman	Linda Jane Maaia
Street Address: 2001 S.W. Oak Hill Way	Street Address: 18 Bourne Avenue
City: Palm City; State: FL; Zip: 34990	City: Rumford; State: RI; Zip: 02916
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

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

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000	Common	No Par Value	100	Common	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.

Signature — *Date* 3/20/2008

Linda Jane Maaia
Print or Type Name

[redacted] President
Title

File Date FILED
Check No.
By: MAR 28 2008
By
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21631-19-250048

Form 630 Rev. 12/06