RI SOS Filing Number: 200835418780 Date: 09/18/2008 4:00 PM

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
134540	Enthusiast Publications, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	MAGAZINE PUBLISHER

5. Principal office address	City	State	Zip
5 OLD NASONVILLE ROAD	HARRISVILLE	RI	02830-

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
STEPHEN J DIGIANFILIPO	

Street Address	City	State	Zip
50 PARK ROW WEST, SUITE 111	PROVIDENCE	RI	02903-

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
Faith E. Lamprey	5 Old Nasonville Road	Harrisville	RI	02830
Bruce F. Vild	5 Old Nasonville Road	Harrisville	RI	02830

8. RESIDENT AGENT IN RHODE ISLAND -*DO NOT ALTER*- Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
STEPHEN J. DIGIANFILIPPO, ESQ.	50 PARK ROW WEST, SUITE 111	PROVIDENCE	02903-
VIEIRA & DiGIANFILIPPO LTD.			

2008 SEP 18 AM 8:48

*This report must be **signed in ink** by an authorized person pursuant to 7-16-66.*

[redacted] 1 3 4 5 4 0 [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.

Faith E Lamprey, 9/15/08
Signature of Authorized Person *Date*

[redacted] Faith E. Lamprey, Manager
Print or Type Name of Authorized Person

File Date	9-18-08
Check No.	655
By:	mnc

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25899-11-285320

Form 632 Rev. 6/02