RI SOS Filing Number: 200940012240 Date: 01/07/2009 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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.*

1. ID No.	2. Exact name of the limited liability company		
104739	Renaissance Communications LLC		
3. State of formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
R.I.	Publication Business		
5. Principal office address	City	State	Zip
55 Bradford St. Suite 202	Prov.	RI	02903

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

Contact Name	Contact Title		
Scott Press	Owner		
Street Address	City	State	Zip
55 Bradford St. Suite 202	Prov.	RI	02903

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name		
Scott Press			
Street Address	Street Address		
55 Bradford St.			
City / State / Zip	City	State	Zip
Prov. / RI / 02903			
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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CORPORATIONS DIV

[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.

Scott Press 12/17/08
Signature of Authorized Person *Date*

Scott Press
Print or Type Name of Authorized Person

[redacted]

File Date	FILED
Check No.	JAN 07 2009
By:	By 077466 140

FOR SECRETARY OF STATE USE ONLY

29363-2-323598

Form 632 Rev. 08/08