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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 2009

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			
161180	R.I.S.N. Operations Inc.			
3. Street Address Principal Business Office		City	State	Zip
1120 North Carbon, Suite 100		Marion	Illinois	62959
4. Business Phone No.	5. State of Incorporation			
(618) 993-1711	Delaware			

6. Brief Description of the Character of Business Conducted in Rhode Island
Newspaper Printing and Publishing

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

President Name			Vice President Name		
Melanie Radler			Roland McBride		
Street Address			Street Address		
233 East Erie, Suite 422			1120 North Carbon, Suite 100		
City	State	Zip	City	State	Zip
Chicago	IL	60611	Marion	IL	62959
Secretary Name			Treasurer Name		
Roland McBride					
Street Address			Street Address		
1120 North Carbon, Suite 100					
City	State	Zip	City	State	Zip
Marion	IL	62959			

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

Director Name			Director Name		
Melanie Radler			Sam Grippo		
Street Address			Street Address		
233 East Erie, Suite 422			1970 Alberta Street		
City	State	Zip	City	State	Zip
Chicago	IL	60611	Vancouver	BC	V5Y 3X4
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	$1.00

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* 1/21/09

Darren Youngblood
Print or Type Name

[redacted] Assistant Secretary
Title

File Date FILED
Check No. FEB 02 2009
By By 27572
FOR SECRETARY OF STATE USE ONLY

30775-11-344688

Form 630 Rev. 08/08