

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 OF THE YEAR 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).

000153861	2. Name of 6 VALASS	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). 2. Name of Corporation VALASSIS DATA MANAGEMENT, INC.				
3. Street Address Principal Bustness Office 19975 VICTOR PARKWAY			City LIVONIA	State MI	Zip	
4. Business Phone No. 734-591-3000 5. State of Incorporation DELAWARE				1011	48152	
5. Brief Description of the C PROMOTIONAL MA	baracter of Business Con TERIALS/ADVERT	ducted in Rhode Island ISING AND PREPRINTS				
7. NAMES AND ADD President Name STEVE MITZEL	RESSES OF THE OF	FICERS: ("X" BOX FOR ATT	THE TRESMENT NUMBER	N SPACES BEFORE USING	G ATTACHMENTS	
Sireve Milizel			TODD WISELEY			
ONE TARGETING CENTRE			Street Address 19975 VICTOR PARKWAY			
WINDSOR	State CT	²⁴ 06095	City LIVONIA	State MI	Zip 49150	
FODD WISELEY			Treasurer Name STEVE MITZEL [MI] [48152]			
Street Address 19975 VICTOR PARKWAY			Street Address ONE TARGETING CENTRE			
ÍVONIA	State MI	^{Zip} 48152	City	State	<i>Ζψ</i> 06095	
TEVE MITZEL		ECTORS: ("X" BOX FOR AT	TACHMENT) THLL 1 Director Name TODD WISELEY	IN SPACES BEFORE USIN	G ATTACHMENTS	
ONE TARGETING CENTRE			Street Address 19975 VICTOR PARKWAY			
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/INDSOR rector Name	Јст	06095	LIVONIA	MI	^{2ip} 48152	
			Director Name			
eet Address			Street Address			
v	State	Zip	City	State	Zip	
SHARES AUTHORIZ	ED	l	10. SHARES ISSUED	("X" BOX FOR ATTACE		
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.			Number of Shares	Class/Series	dim Pat	
			1,000	COMMON	Par Value 0.01	
				- John Mort	0.01	
s report must be					İ	
s report must be exec	uted on behalf of the	e corporation by an authorized corporation by the receiver o	d representative. If the c	corporation is in the hands	of a receiver or trus	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements

File Date	. 2-23-09
Check No	50042599
Ву:	mne
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contained herein are true and correct.	es and statements, and that all statemen
Signature Signature	2120109
Todd wiseley	Date
Frint or Type Name	
Officer	
	Form 630 Rev. 08/08