



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 2009

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. 126532		2. Exact name of the limited liability company New England Domestic & Hospitality News, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island GENERAL PUBLISHING AND BUSINESS CONSULTATION			
5. Principal office address P.O. BOX 26, 46 OVERLOOK ROAD		City NARRAGANSETT	State RI	Zip 02882	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ELAINE MULLEN CASSINELLI			Contact Title MANAGER		
Street Address P.O. BOX 26, 46 OVERLOOK ROAD		City NARRAGANSETT	State RI	Zip 02882	
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) <input type="checkbox"/>					
Manager Name ELAINE MULLEN CASSINELLI			Manager Name		
Street Address P.O. BOX 26, 46 OVERLOOK ROAD			Street Address		
City NARRAGANSETT	State RI	Zip 02882	City	State	Zip
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					

FILED
NOV 24 2009
By C 104619

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

126532

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Elaine Mullen Cassinelli
Signature of Authorized Person Date

ELAINE MULLEN CASSINELLI, MANAGER

Print or Type Name of Authorized Person