

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 2010

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. 86.564	2. Name of Corporation	MEDIA, INC.			
3. Street Address Principal Business (MEDIA, INC.	City	State	Zip
101 MYSTERY		I s some street and	CRANSTON	RI	02921
4. Business Phone No. 5. State of incorporation RHODE ISLAND					
401-823-1419 6. Brief Description of the Character			SLAND		
	•		IC CEDUTCES MO	A VADITUM OD	DUCTNESSES
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name			NG SERVICES TO A VARIETY OF BUSINESSES. CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name		
ILENE W. MOORE					
Street Address			Street Address		
101 MYSTERY	FARM DRIVE				
CRANSTON	State RI	^{Zip} 02921	City	State	Zip
	L	02921	· •		
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name ILENE W. MOORE			Director Name		
Street Address			Street Address		
101 MYSTERY FARM DRIVE			101 MYSTERY FARM DRIVE		
CRANSTON	State RI	^{Zip} 02921	City CRANSTON	State RI	^{Ζφ} 02921
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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	Par Value
			1	COMMON	NO PAR
This report must be executed on behalf of the corporation by an authorized			ed representative. If the cor	poration is in the hands	of a receiver or trustee,
this report must be executed					<u></u>
					at I have examined this repo ements, and that all statemen
File Date /- /the	2010		contained herein are		-
Check No. 7060			Signature		Date
	nnc		Print or Type Name	MERCE	<u> </u>
FOR SECRETARY OF STA	ATE USE ONLY			T/Carek_	
		J	Title		Form 630 Pay 08/08