



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 2011

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. 86564		2. Name of Corporation MOORE MEDIA, INC.			
3. Street Address Principal Business Office C/O 1445 WAMPANOAG TRAIL, SUITE 103			City EAST PROVIDENCE	State RI	Zip 02915
4. Business Phone No. 401-433-2610		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDENCE MEDIA PLANNING AND BUYING SERVICES TO A VARIETY OF BUSINESSES.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ILENE W. MOORE			Vice President Name		
Street Address 213 FAIRWAYS EDGE DRIVE			Street Address		
City SAINT MARYS	State GA	Zip 31558	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ILENE W. MOORE			Director Name DENNIS W. MOORE		
Street Address 213 FAIRWAYS EDGE DRIVE			Street Address 213 FAIRWAYS EDGE DRIVE		
City SAINT MARYS	State GA	Zip 31558	City SAINT MARYS	State GA	Zip 31558
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 1	Class/Series COMMON	Par Value NO PAR

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.

FILED

File Date FEB 11 2011

Check No. By MNC

By: 7863

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.

Ilene W Moore 2/7/11
Signature Date

ILENE W. MOORE
Print or Type Name

PRESIDENT
Title