



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. 87398 | | 2. Name of Corporation SPI Holdings, Inc. | | | |
| 3. Street Address Principal Business Office 50 Alfred Drowne Road | | | City Barrington | State RI | Zip 02806 |
| 4. Business Phone No. 401-245-1151 | | 5. State of Incorporation Rhode Island | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island To publish a magazine | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Lisa Schryver | | | Vice President Name | | |
| Street Address 50 Alfred Drowne Road | | | Street Address | | |
| City Barrington | State RI | Zip 02806 | City | State | Zip |
| Secretary Name Lisa Schryver | | | Treasurer Name Lisa Schryver | | |
| Street Address 50 Alfred Drowne Road | | | Street Address 50 Alfred Drowne Road | | |
| City Barrington | State RI | Zip 02806 | City Barrington | State RI | Zip 02806 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Lisa Schryver | | | Director Name | | |
| Street Address 50 Alfred Drowne Road | | | Street Address | | |
| City Barrington | State RI | Zip 02806 | City | State | Zip |
| 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 1,000 | Class/Series Common | Par Value No par |
| | | | | | |

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 MAR 11 AM 9:22

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 MAR 11 2011

Check No. 139747

By: [Signature]

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.

[Signature] 3/1/11
Signature Date

Lisa Schryver
Print or Type Name

President
Title