

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00

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1. Corporate ID No. 245 Washington Canty Chamber of Commerce	
3. State of Incorporation 4. Corporate address in Rhode stand - Street seldress Rhode Island 10 High 57/8	et Westerly 02891
5. Foreign corporation. Enter principal office address	City State 21 2102891
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island 16-7 FM Radio Station to provide the area with information of the Me community	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHE	
President Name Christopher T. V. Paola	Vice President Name / to V- Laola
Street Address 197 Main Street	Street Address 167 Pun's Corners Road
City Ashaway State R1 202804	Westerly State R1 20289/
secretary Name Flaine Champlin	Treasurer Name Elaine Champlin
Street Address O Pum's Corner Road	Street Address 20 Punn's Corner Road
State	HMENT) FILL IN SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23	
Director Name Jaine V.Pabla	Director Name Richard Champlin
Street Address 197 Main Street	Street Address 20 Punn's Corners Road
Ashaway State R1 Zip 2804	City Nesterly State R1 02891
Director Name Thomas P. Panla	Director Name
Street Address 197 Main Street	Street Address
State R Zip 02804 9. REGISTERED AGENT IN RHODE ISLAND	State Zip 201 CCE
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-780	
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver be Trustee	
	VED SE STATE AM 10: 58
SEP 2 9 2011	77AT E
(2007	Under penalty of perjury, I declare and affirm that I have examined this
By 15304	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
File Date	Signature of Officer Date
Check No.	CHRISTOPHER T PIPAGA
By:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 631 Rev. 09/17