

A. Kuipu Mouis, secretary of state

Corporations Division

148 W. River Street

Par Value

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. 2. Name of Corporation 531958 LMK Publications 3. Street Address Principal Business Office 631 Main Street City East Greenwich Rhode Island 02818 4. Business Phone No. 5. State of Incorporation 401-398-8383 Rhode Island BOOK Salestion of the Character of Business Conducted in Rhode Island 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) \Box FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Laura M. Krohn Street Address Street Address 631 Main Street City State ZipState ZipEast Greenwich RI 02818 Secretary Name Street Address Street Address State Ζip City State 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Director Name None Street Address Street Address City State Zip City State Zib Director Name Director Name Street Address Street Address City State ZipCity Zip 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED

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.

Number of Shares

File Date	FILED	
Check No	OCT 0 5 2011	
By: BY_	555	
FOI	R SECRETARY OF STATE USE ONLY	

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.

Under penalty of perjury, I declare and affirm that	
including any accompanying schedules and state	ments, and that all statements
contained herein are true and correct	
/ Dame Mro	_9/26/11
Signature	Date
Laura M. Krohn	
Print or Type Name	
Owner	
Title	
	Form 630 Rev. 08/08