



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 103909		2. Exact name of the Corporation Providence Equity Partners III Inc.			
3. Principal office address 50 Kennedy Plaza, 18th Floor			City Providence	State RI	Zip 02903
4. Business Phone No. 401-751-1700		5. State of Incorporation Delaware			
6. Brief description of the character of business conducted in Rhode Island To provide accounting, record-keeping, portfolio management and similar services to Providence Equity Partners III LP, a Delaware limited partnership					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Jonathan M. Nelson			Vice-President Name Glenn M. Creamer		
Street Address 50 Kennedy Plaza, 18th Floor			Street Address 50 Kennedy Plaza, 18th Floor		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Robert S. Hull			Treasurer Name Robert S. Hull		
Street Address 50 Kennedy Plaza, 18th Floor			Street Address 50 Kennedy Plaza, 18th Floor		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Jonathan M. Nelson			Director Name Glenn M. Creamer		
Street Address 50 Kennedy Plaza, 18th Floor			Street Address 50 Kennedy Plaza, 18th Floor		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Paul J. Salem			Director Name		
Street Address 50 Kennedy Plaza, 18th Floor			Street Address		
City Providence	State RI	Zip 02903	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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1100	Common	No Par Value
			900	Non-Voting	No Par Value

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.

File Date _____
 Check No _____
 By _____
 FOR SECRETARY OF STATE USE ONLY

FILED

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BY

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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.

Robert S. Hull

Signature of Authorized Representative

2/28/12

Date

Robert S. Hull

Print or Type Name of Authorized Representative

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2012 MAR -2 PM 12:00