



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. 87590		2. Exact name of the Corporation Providence Equity Partners 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 management services					
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 Jonathan M. Nelson			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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2012 MAR -2 PM 12:06

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: _____

FILED
 MAR 02 2012
 165338

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] _____ Date 2/28/12
 Signature of Authorized Representative
Robert S. Hull
 Print or Type Name of Authorized Representative