



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. <b>000484842</b>		2. Exact name of the Corporation <b>NARRAGANSETT PRESS INC.</b>			
3. Principal office address <b>61 WILLIAMS STREET</b>		City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	
4. Business Phone No. <b>(401) 885-5409</b>		5. State of Incorporation <b>RI</b>			
6. Brief description of the character of business conducted in Rhode Island <b>TO PUBLISH AND SELL BOOKS WRITTEN BY DAVID A. LOWE</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>					
President Name <b>DAVID A. LOWE MD.</b>			Vice-President Name		
Street Address <b>61 WILLIAMS STREET</b>			Street Address		
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Secretary Name <b>DARREN M. LOWE</b>			Treasurer Name		
Street Address <b>86 WILCOX AVENUE</b>			Street Address		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City	State	Zip
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b>		
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
			100	CWP	.01

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
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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

Form No. 630  
 Revised: 01/2012

**FILED**  
 MAR 29 2012  
 By 167534  
 DS

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.

*David A. Lowe*

Signature of Authorized Representative

Date

**DAVID A. LOWE M.D. PRESIDENT**

Print or Type Name of Authorized Representative