



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 000157117		2. Exact name of the limited liability company Marketing & Media Services, LLC			
3. State of Formation DE		4. Brief description of the character of the business which is actually conducted in Rhode Island Media Buying Service			
5. Principal office address 207 NW Park Avenue		City Portland	State OR	Zip 97209	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Erik Stachurski			Contact Title Controller		
Street Address 931 Jefferson Blvd., Suite 1001		City Warwick	State RI	Zip 02886	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Sally Dickson			Manager Name		
Street Address 931 Jefferson Blvd., Suite 1001		Street Address			
City Warwick	State RI	Zip 02886	City	State	Zip
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CT Corporation System			Address 10 Weybosset Street		
Address		City Providence, RI	Zip 02903		

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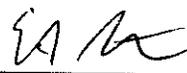
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

000157117

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

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 of Authorized Person
 Erik Stachurski
 Date
 5/17/12
 Print or Type Name of Authorized Person