



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 2011

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. 34223		2. Exact name of the Corporation Publishers Circulation Fulfillment, Inc		
3. Principal office address 502 Washington Ave., Ste 500		City Towson	State MD	Zip 21204
4. Business Phone No. (410) 832-5091		5. State of Incorporation Maryland		
6. Brief description of the character of business conducted in Rhode Island Newspaper Digital Subscription Sales				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

President Name Gerard Giordana			Vice-President Name Amy Weinreich		
Street Address 502 Washington Ave. Ste 500			Street Address 502 Washington Ave., Ste 500		
City Towson	State MD	Zip 21204	City Towson	State MD	Zip 21204
Secretary Name Maria Paskalakis			Treasurer Name Margaret Zeigenfuse		
Street Address 502 Washington Ave., Ste. 500			Street Address 502 Washington Ave., Ste. 500		
City Towson	State MD	Zip 21204	City Towson	State MD	Zip 21204

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

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

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1100	common	\$1.00

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 1051
AUG 03 2012
BY **D2 176311**

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.

Amy Weinreich **5/8/12**
Signature of Authorized Representative Date
Amy Weinreich
VP, Finance & Admin Services
Print or Type Name of Authorized Representative