



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 2013

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. 98188		2. Exact name of the Corporation TAVARES NEWS Inc		
3. Principal office address 30 High Street		City Pawtucket	State RI	Zip 02860
4. Business Phone No. 401-284-6084		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island NEWS STAND				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Joseph R TAVARES		Vice-President Name FRANCIS TAVARES		
Street Address 18 AVAMA AVENUE		Street Address 11 MARSDEN COURT		
City E. Providence	State RI	Zip 02916	City Seekonk	State MA
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Joseph R TAVARES		Director Name FRANCIS TAVARES		
Street Address 18 AVAMA AVENUE		Street Address 11 MARSDEN COURT		
City E. Providence	State RI	Zip 02916	City Seekonk	State MA
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
		NONE		

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 _____

FILED

Check No _____

FEB 28 2013

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.

Joseph TAVARES
 Signature of Authorized Representative

2/27/13
 Date

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Authorized Representative