

Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

401.222.30

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(cods)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 87398	2. Name of Corporation SPI Holdings, Inc.				
3. Street Address Principal Business Office 3 Lee Road			City Barrington	State RI	<sup>Ziρ</sup> 02806
4. Business Phone No. 5. State of Incorporation 401-529-5724 Rhode Island					
6. Brief Description of the Character To publish a magazine					
7. NAMES AND ADDRESSES President Name Lisa Schryver	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT)   FILL IN  Vice President Name	SPACES BEFORE USING	ATTACHMENTS
Street Address 3 Lee Road			Stroet Address		
Gity: Barrington	State RI	<sup>Zip</sup> 02806	City	State	Zip
Secretary Name Lisa Schryver			Treasurer Name Lisa Schryver		
Street Address 3 Lee Road			Street Address 3 Lee Road		
City Barrington	State RI	<sup>Zip</sup> 02806	City Barrington	State R1	<sup>Zip</sup> 02806
8. NAMES AND ADDRESSES  Director Name Lisa Schryver	OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) FILL I	N SPACES BEFORE USIN	G ATTACHMENTS
Street Address			Street Address	Street Address	
3 Lee Road  Cuy  Barrington	State	<i>Zip</i> 02806	Clty	State	
Director Name			Director Name		
Street Address			Street Address		<b>3 3 3 3 3 3 3 3 3 3</b>
City	State	Zip	City	State	STAT
9, SHARES AUTHORIZED	1,			O ("X" BOX FOR ATTACE  ECTION MUST BE COMPLETED	TMENTO [
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
			1,000	Common	No par
			,		
This report must be executed this report must be executed		pration by the receiver	or trustee.		
File Date		<b>FILED</b> OCT 3 1 2013	including any acc	companying schedules and sta are true and correct.	that I have examined this report atements, and that all statements
Check No.	Δ.	2096/	Signature Lisa Schr	Wer	Date
BY M 20101 8:59			Print or Type Nam	e.	
FOR SECRETARY OF ST	ATE USE ONLY		Title		F (20 P - 08/00