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 2014

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.	2. Exact name of the Corporation			
543171	YOUNG RESEARCH & PUBLISHING			
3. Principal office address: 98 WILLIAM STREE		City: NEWPORT	State: RI	Zip: 02840
4. Business Phone No.: 401-849-2137		5. State of Incorporation: RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island: RESEARCH & PUBLISHING				

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

President Name: REBECCA L. SMITH			Vice-President Name: JEREMY JONES		
Street Address: 156 RHODE ISLAND AVE			Street Address: 72 PINE HILL ROAD		
City: NEWPORT	State: RI	Zip: 02840	City: WAKEFIELD	State: RI	Zip: 02879
Secretary Name: REBECCA L. SMITH			Treasurer Name: REBECCA L. SMITH		
Street Address: 156 RHODE ISLAND AVE			Street Address: 156 RHODE ISLAND		
City: NEWPORT	State: RI	Zip: 02840	City: NEWPORT	State: RI	Zip: 02840

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

Director Name: NONE			Director Name: NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name: NONE			Director Name: NONE		
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
1000	COMMON	Without par value

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.

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.

Ken Smith — 1/10/13
Signature of Authorized Representative — Date

Rebecca Smith
Print or Type Name of Authorized Representative

File Date _____
Check No _____
By: _____

FILED
JAN 14 2014

FOR SECRETARY OF STATE USE ONLY BY _____

Form No. 630
Revised: 01/2012