



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. 87930		2. Exact name of the Corporation BREEZE PUBLICATIONS, INC.			
3. Principal office address 300 Front Street / P.O. Box A			City Lincoln	State RI	Zip 02865
4. Business Phone No. (401) 334-9555			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Newspaper publication, typeset & design services.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Thomas V. Ward			Vice-President Name James E. Quinn		
Street Address 6 Blackstone Valley Place, Suite 204			Street Address 6 Blackstone Valley Place, Suite 204		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Thomas V. Ward			Treasurer Name Thomas V. Ward		
Street Address 6 Blackstone Valley Place, Suite 204			Street Address 6 Blackstone Valley Place, Suite 204		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Thomas V. Ward			Director Name James E. Quinn		
Street Address 6 Blackstone Valley Place, Suite 204			Street Address 6 Blackstone Valley Place, Suite 204		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			500	None	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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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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.

Thomas V. Ward
 Signature of Authorized Representative

3-11-14
 Date

Thomas V. Ward, President

Print or Type Name of Authorized Representative