



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2014

**1. ID No.** 000147610

**2. Exact Name of the Limited Liability Company** HARPERCOLLINS PUBLISHERS L.L.C.

**3. State of Formation**

State: DE

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

SALE OF BOOKS SHIPPED IN BY COMMON CARRIER

**5. Principal Office Address**

No. and Street: 195 BROADWAY

City or Town: NEW YORK

State: NY

Zip: 10007

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title: TAX DEPT

No. and Street: PO BOX 141000

City or Town: NASHVILLE

State: TN

Zip: 37214

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

| Title   | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---------|------------------------------------------------|------------------------------------------------------------|
| MANAGER | JANET GERVASIO                                 | 195 BROADWAY<br>NEW YORK, NY 10007 USA                     |
| MANAGER | MICHAEL SALVI                                  | 195 BROADWAY<br>NEW YORK, NY 10007 USA                     |
| MANAGER | BRIAN MURRAY                                   | 195 BROADWAY<br>NEW YORK, NY 10007 USA                     |

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**

**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 19 Day of August, 2014 at 1:57:26 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MICHAEL SALVI  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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