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 2015

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
125973	**Five Kids Distributors, Inc.**

3. Principal office address	City	State	Zip
18 Winchester Ave	**North Smithfield**	**RI**	**02896**

4. Business Phone No.	5. State of Incorporation
401-451-4551	**Rhode Island**

6. Brief description of the character of business conducted in Rhode Island
Sales, Delivery and Distribution of Newspapers

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

President Name	Vice-President Name
Edward A. Cianci	**Edward A. Cianci**
Street Address: **18 Winchester Avenue**	Street Address: **18 Winchester Avenue**
City: **North Smithfield** State: **RI** Zip: **02896**	City: **North Smithfield** State: **RI** Zip: **02896**
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

9. SHARES AUTHORIZED **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)** ☐

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
	1000	Common	no par

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.

1/14/15
Signature of Authorized Representative — Date

Edward A. Cianci, President
Print or Type Name of Authorized Representative

File Date:
Check No.:
By:
FOR SECRETARY OF STATE USE ONLY

FILED
JAN 22 2015
BY 1473

Form No. 630
Revised: 01/2012
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