



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. 125973		2. Exact name of the Corporation Five Kids Distributors, Inc.			
3. Principal office address 18 Winchester Ave		City North Smithfield	State RI	Zip 02896	
4. Business Phone No. 401-451-4551		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Sales, Delivery and Distribution of Newspapers					
7. PRESIDENT (NAME AND ADDRESS) (X) (BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Edward A. Cianci			Vice-President Name 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. ALL DIRECTORS (NAME AND ADDRESS) (X) (BOX FOR ATTACHMENT) <input type="checkbox"/>					
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) <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
			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.

FILED
Check No.
By
FOR SECRETARY OF STATE (USE ONLY)

FILED

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.

Signature of Authorized Representative

Date

Edward A. Cianci, President

Print or Type Name of Authorized Representative

JAN 22 2015

BY

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