



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 **2016**

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. 69073		2. Exact name of the Corporation P.S. DISTRIBUTING, INC.		
3. Principal office address 75 Walnut Road		City North Kingstown	State RI	Zip 02852
4. Business Phone No. 401-884-1995		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Distribution of newspapers, periodicals and magazines				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Peter C. Shapiro		Vice-President Name None		
Street Address 75 Walnut Road		Street Address		
City North Kingstown	State RI	Zip 02852	City	State
Secretary Name Peter C. Shapiro		Treasurer Name Peter C. Shapiro		
Street Address 75 Walnut Road		Street Address 75 Walnut Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name None		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
		100	Common	No 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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED *or*

JAN 21 2016

BY 3105

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.

Peter C. Shapiro
Signature of Authorized Representative

1/11/16
Date

Peter C. Shapiro, President

Print or Type Name of Authorized Representative