

## 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 \_

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

1. Entity ID No. <b>799038</b>	2. Exact name of the Corporation  Patti Doyle Communications, Inc.				
3. Principal office address 80 Fountain Street, Unit 208			City Pawtucket	State RI	Zip <b>02860</b>
4, Business Phone No. <b>(401) 374-2553</b>			5. State of Incorporation Rhode Island		
6. Brief description of the cha Public Relations and		onducted in Rhode Island			
7. LIST <u>all</u> officers (na	MES AND ADDRES	SES) ("X" BOX FOR A			
President Name Patricia A. Doyle			Vice-President Name None		
Street Address 80 Fountain Street, U	nit 208		Street Address		
City <b>Pawtucket</b>	State RI	Zip <b>02860</b>	City	State	Zip
Secretary Name Patricia A. Doyle			Treasurer Name Patricia A. Doyle		
Street Address 80 Fountain Street, Unit 208			Street Address 80 Fountain Street, Unit 208		
City Pawtucket	State RI	Zip <b>02860</b>	City Pawtucket	State <b>RI</b>	Zip 02860
B. LIST <u>ALL</u> DIRECTORS (N	AMES AND ADDRE	SSES) ("X" BOX FOR	ATTACHMENT)		
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	mb		Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
). SHARES AUTHORIZED			10. SHARES ISSUED (	"X" BOX FOR ATTACH	MENT)
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of instruction sheet.		100	Common	No par value	
This report must be executed	on behalf of the co this report must t	rporation by an authorize the executed on behalf of	ed representative. If the cor the corporation by the rec	rporation is in the hands eiver or trustee.	of a receiver or trustee,
File Date			this report, including	ury, I declare and affire any accompanying so ts contained herein are	m that I have examined hedules and statements true and colrect.
Check No		<b></b>	TUNCIC	> VM	1/22/
Ву:		FILED	Signature of Authorize	\ \ \	Date
FOR SECRETARY OF STATE USE ONLY  OFFINAL 630 FEB 0 1 2016			Print or Type Name of Authorized Representative		
orm No. 630 evised: 01/2012	-x 10	1 713	THICOTTYPE NAME OF	radionized representa	

## Patti Doyle Communications, Inc.

## **SHAREHOLDER'S CONSENT VOTE**

The undersigned, being the sole Shareholder of Patti Doyle Communications, Inc. ("Corporation") does hereby pursuant to Section 7-1.2-707 of the Rhode Island Business Corporation Act (the "Act"), waive any required notice of a Shareholder's Meeting and consent to the following actions being taken without a meeting, all of which action is required or permitted to be taken at a Shareholder's Meeting.

VOTED:

That the acts of the officers for the year 2016 to date be and

they hereby are ratified, confirmed and approved.

VOTED:

The following persons are elected to the offices designated; to serve until their respective successors are elected and qualified or until their earlier death, resignation or removal,

as provided by the By-laws:

NAME

TITLE

Patricia A. Doyle

ratificia A. Doyle

President

None

Vice President

Patricia A. Doyle

Treasurer

Patricia A. Doyle

Secretary

IN WITNESS WHEREOF, the undersigned has executed this Consent on this 2016

. 2016

Patricia A. Dovle