



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. 542668		2. Exact name of the Corporation GR8, Inc.			
3. Principal office address WARL Radio, 127 Dorrance Street, Fifth Floor		City Providence		State RI	Zip 02903-2828
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Conduct radio programming and any and all related activities					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Sonya E. Taraian			Vice-President Name		
Street Address c/o WARL Radio, 127 Dorrance Street, Fifth Floor			Street Address		
City Providence	State RI	Zip 02903-2828	City	State	Zip
Secretary Name Sonya E. Taraian			Treasurer Name Sonya E. Taraian		
Street Address c/o WARL Radio, 127 Dorrance Street, Fifth Floor			Street Address c/o WARL Radio, 127 Dorrance Street, Fifth Floor		
City Providence	State RI	Zip 02903-2828	City Providence	State RI	Zip 02903-2828
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Sonya E. Taraian			Director Name		
Street Address c/o WARL Radio, 127 Dorrance Street, Fifth Floor			Street Address		
City Providence	State RI	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
			300	Common	CNP

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

FILED

FEB 25 2016

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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.

Sonya E. Taraian
Signature of Authorized Representative

2/19/14
Date

Sonya E. Taraian, President

Print or Type Name of Authorized Representative