

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

2016 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. 509421	1	2. Exact name of the Corporation PM/Magazines East, Inc.				
3. Principal office address 1944 Warwick Avenue			City Warwick	State RI	Zip	
4. Business Phone No.			5. State of Incorporation Rhode Island			
•		s conducted in Rhode Islan zine publications)	d		19 PA	
LISTALL: OFFICERS	NAMES AND ADD	(ESSES) ("X" BOX FOR A	TTACHMENT)	With the Park Control		
President Name Richard G. Fleisher			Vice-President Name Barry W. Fain			
Street Address 1944 Warwick Avenue			Street Address 1944 Warwick Avenue			
City Warwick	State RI	Ζίρ 02889	City Warwick	State RI	Zip 02889	
Secretary Name John 1. Howell, Jr			Treasurer Name Matthew D. Ha	yes		
Street Address 1944 Warwick Av	enue		Street Address 1944 Warwick	Avenue		
City Warwi ck	State RI	Zip 02889	City State Warwick RI		Zip 02889	
LIST ALL DIRECTOR	S (NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)			
rector Name Richard G. Fielsh			Director Name Barry W. Fain			
Street Address 1944 Warwick Ave	nue	2 22 27 77	Street Address 1944 Warwick	Avenue		
Dity Warwick	State RI	Zip 02889	City State RI		Zip 02889	
Director Name John I. Howell, Jr.	•		Director Name Matthew D. Hay	yes	The state of the s	
ireet Address 1944 Warwick Ave	nue		Street Address 1944 Warwick	Avenue		
ity Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889	
SHARES AUTHORIZE	的影響機能用物		10. SHARES ISSUE	O ("X" BOX FOR ATTAC	HMENT)	
his information is currently of record in the Office of the Secretary I State. Changes require an additional filing, se Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
			1,000	Common	\$0.01	

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, Signature of Authorized Representative Date John I. Howell, Jr. Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012

APR 19 2016