



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year:  
Corporation

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 06 2017

87 974

1. Entity ID Number 161205		2. Exact name of the Corporation Bruce Leonard + Partners Communications, INC.			
3. Principal Office Address 125 Halleck Avenue		City Riverside		State RI	Zip 02915
4. NAICS Code 54	6. Brief description of the character of business conducted in Rhode Island Video production + Advertising				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Bruce Leonard			Vice-President Name		
Street Address 125 Halleck Avenue			Street Address		
City Riverside	State RI	Zip 02915	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 1000		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	CNP	0	
11. 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. <b>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.</b>					
Name of Authorized Representative Bruce Leonard					Date 1/2/2017
Signature of Authorized Representative Bruce Leonard					