



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 18283		2. Exact name of the Corporation PHOENIX-TIMES PUBLISHING COMPANY			
3. Principal Office Address One Bradford Street		City Bristol		State RI	Zip 02809-0000
4. Business Phone Number:		6. Brief description of the character of business conducted in Rhode Island newspaper publisher			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Matthew D. Hayes			Vice-President Name Matthew D. Hayes		
Street Address One Bradford Street, PO Box 90			Street Address One Bradford Street, PO Box 90		
City Bristol	State RI	Zip 02809-	City Bristol	State RI	Zip 02809-
Secretary Name Matthew D. Hayes			Treasurer Name Matthew D. Hayes		
Street Address One Bradford Street, PO Box 90			Street Address One Bradford Street, PO Box 90		
City Bristol	State RI	Zip 02809-	City Bristol	State RI	Zip 02809-
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Matthew D. Hayes			Director Name none		
Street Address One Bradford Street, PO Box 90			Street Address none		
City Bristol	State RI	Zip 02809-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			822	Common	No Par
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. 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.					
Name of Authorized Representative Matthew D. Hayes President				Date 1/02/2017	
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					
FILED					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 09 2017

By

2023

FORM 630 - Revised: 08/2016