



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 271293		2. Exact name of the Corporation STRATA MARKETING, INC.				
3. Principal Office Address 1701 JOHN F KENNEDY BLVD, 32ND FLOOR		City PHILADELPHIA		State PA	Zip 19103-2838	
4. NAICS Code 81	6. Brief description of the character of business conducted in Rhode Island COMMUNICATIONS					
5. State of Incorporation DELAWARE						
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
President Name JOY BAER			Vice-President Name THOMAS J DONNELLY			
Street Address 1701 JOHN F KENNEDY BLVD, 32ND FLOOR			Street Address 1701 JOHN F KENNEDY BLVD, 32ND FLOOR			
City PHILADELPHIA	State PA	Zip 19103-2838	City PHILADELPHIA	State PA	Zip 19103-2838	
Secretary Name DEREK H SQUIRE			Treasurer Name WILLIAM E DORDELMAN			
Street Address 1701 JOHN F KENNEDY BLVD, 32ND FLOOR			Street Address 1701 JOHN F KENNEDY BLVD, 32ND FLOOR			
City PHILADELPHIA	State PA	Zip 19103-2838	City PHILADELPHIA	State PA	Zip 19103-2838	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
Director Name ARTHUR R BLOCK			Director Name			
Street Address 1701 JOHN F KENNEDY BLVD, 32ND FLOOR			Street Address			
City PHILADELPHIA	State PA	Zip 19103-2838	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>						
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>				
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
		0		0		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. 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 THOMAS J DONNELLY, VICE PRESIDENT				Date 02/07/2017		
Signature of Authorized Representative <i>Thomas Donnelly</i>						

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

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