



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2014

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2017 MAR -9 AM 10:16

1. Entity ID Number 74271		2. Exact name of the Corporation AML Publications, Inc.	
3. Principal Office Address 25 Meadow Ave.		City Westerly	State RI
		Zip 02891	
4. Business Phone Number 401-322-0101		5. State of Incorporation RI	
6. Brief description of the character of business conducted in Rhode Island Publishes a local summer newspaper and a local Directory (phonebook)			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Angel M. LaVine		Vice-President Name N/A	
Street Address 25 Meadow Ave.		Street Address	
City Westerly	State RI	City	State
Zip 02891		Zip	
Secretary Name N/A		Treasurer Name	
Street Address		Street Address N/A	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name N/A		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized 0		10. Shares Issued 0 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.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		\$ 1.00	
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 Angel M. LaVine			Date 2/22/17
Signature of Authorized Representative <i>Angel M. LaVine</i>			

FILED

APR 06 2017

BY 300278
A.A. 10:32 AM

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov