



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2013

Corporation

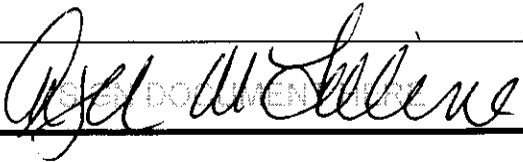
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

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 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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>0</td> <td></td> <td>\$1.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	0		\$1.00			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE								
0		\$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 												

FILED

APR 06 2017

BY

300278

A.A. 10:31 A.M.

FORM 630 - Revised: 05/2016

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov