



State of Rhode Island and Providence Plantations

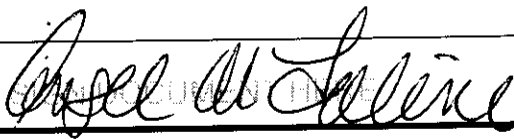
Department of State - Business Services Division

Annual Report for the year: 2012
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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| | | | |
|--|-----------------|--|--------------------|
| 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  | | | |

FILED

APR 06 2017

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2611

Phone: (401) 222-3040

Website: www.sos.ri.gov

BY

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