



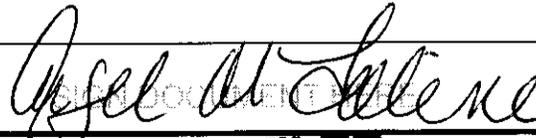
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2010
Corporation

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

2017 MAR -9 AM 10:16

- 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 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"/>					RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV 2017 APR -6 AM 11:13
President Name Angel M. LaVine			Vice-President Name N/A		
Street Address 25 Meadow Ave.			Street Address		
City Westerly	State RI	Zip 02891	City	State	
Secretary Name N/A			Treasurer Name		
Street Address			Street Address N/A		
City	State	Zip	City	State	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	Zip	City	State	
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
			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. 10:28 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