



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2009

## 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

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

FILED

## 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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FORM 630 - Revised: 05/2016