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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.

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.  4. Business Phone Number 401-322-0101  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)  President Name Angel M. LaVine  Street Address 25 Meadow Ave.  City Westerly  State  Street Address  City State  Street Address		
3. Principal Office Address 25 Meadow Ave.  Westerly  5. State of Incorporation 401-322-0101  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) President Name Angel M. LaVine  Street Address 25 Meadow Ave.  City Westerly  State RI  Zip 02891  City  State Directory (andresses)  Check the box to indicate an atternation of the character of business conducted in Rhode Island Publishes a local summer newspaper and a local Directory (phonebook)  Check the box to indicate an atternation of the character of business conducted in Rhode Island Publishes a local summer newspaper and a local Directory (phonebook)  Check the box to indicate an atternation of the character of business conducted in Rhode Island Publishes a local summer newspaper and a local Directory (phonebook)  Check the box to indicate an atternation of the character of business conducted in Rhode Island Check the box to indicate an atternation of the character of business conducted in Rhode Island Check the box to indicate an atternation of the character of business conducted in Rhode Island Check the box to indicate an atternation of the character of business conducted in Rhode Island Check the box to indicate an atternation of the character of business conducted in Rhode Island Check the box to indicate an atternation of the character of business conducted in Rhode Island Check the box to indicate an atternation of the character of business conducted in Rhode Island Check the box to indicate an atternation of the character of business conducted in Rhode Island Check the box to indicate an atternation of the character of business conducted in Rhode Island Check the box to indicate an atternation of the character of business conducted in Rhode Island Check the box to indicate an atternation of the character of business conducted in Rhode Island Check the box to indicate an atternation of the character of the character		
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## Angel M. LaVine  City Westerly  State RI    Zip 02891   State   Zip   State   RI   Zip   State   RI   Zip   State   RI   Zip   Street Address   N/A   Street Address   Street		
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President Name Angel M. LaVine  Street Address  25 Meadow Ave.  City Westerly  Secretary Name N/A  Street Address  Treasurer Name  Street Address  Street Address  State  Treasurer Name  Street Address  Street Address  Street Address  Street Address  Street Address  N/A		
Street Address  25 Meadow Ave.  City Westerly  Secretary Name N/A  Street Address  Street Address  Treasurer Name  Street Address  Street Address  Street Address  Street Address  Street Address  N/A	tachment 🔲	
City Westerly  Secretary Name N/A  Street Address  State RI  Zip 02891  City  Treasurer Name  Street Address N/A	Vice-President Name N/A	
Secretary Name N/A  Street Address  Street Address N/A  Treasurer Name  Street Address N/A		
Street Address N/A  Street Address N/A  Street Address N/A	0	
City State Zip City State Zip C	n in	
	STA	
8. List ALL directors (names and addresses)  Check the box to indicate an at	achment 🔲	
Director Name  Director Name		
Street Address Street Address		
City State Zip City State Zip		
9. Shares Authorized 6 10. Shares Issued 6 Check the box to indicate an at		
This information is currently of record in the	VALUE	
Changes require an additional filing.		
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 Date		
Angel M. LaVine		
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 APR 0 6 2017

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FORM 630 - Revised: 05/2016