

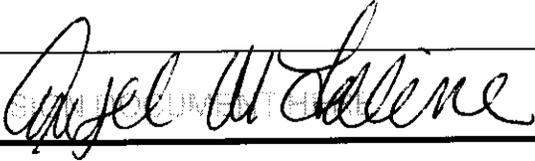


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2007**  
**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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 BUS SVCS DIV  
 2017 MAR -9 AM 10:16

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)					Check the box to indicate an attachment <input type="checkbox"/>
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>	Zip <b>02891</b>	City	State	Zip
Secretary Name <b>N/A</b>			Treasurer Name		
Street Address			Street Address <b>N/A</b>		
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 <b>N/A</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <input type="checkbox"/>		10. Shares Issued <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
		<b>0</b>			<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 					

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**FILED**

**APR 06 2017**

BY BWA278  
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**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov