



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

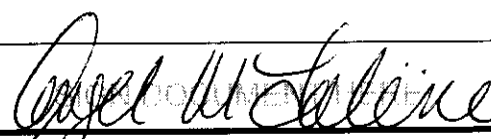
Annual Report for the year: 2005

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 | Zip 02891 | City | State | Zip |
| 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 | Zip |
| 9. Shares Authorized <input type="checkbox"/> | | 10. Shares Issued <input type="checkbox"/> 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 |
| | | 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  | | | | | |

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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