



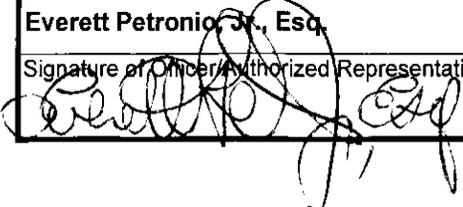
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

2017 MAY - 1 PM 12:33
 RI DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION

Annual Report for the year: 2017

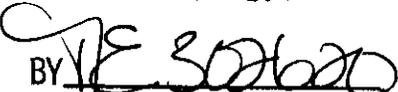
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000162641		2. Exact name of the Corporation Providence Marketing and Advertising Cooperative, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island PLAN, DISCUSS, ORGANIZE, DEVELOP, UTILIZE, PRODUCE, AND DISSEMINATE ADVE			
5. Principal Office Address c/o 931 Jefferson Boulevard, Suite 2004			City Warwick	State RI	Zip 02886
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ted Kostisin			Vice-President Name Isabel Levissee		
Street Address 8 Turner Street			Street Address 101 President Avenue		
City Warren	State RI	Zip 02885	City Fall River	State MA	Zip 02720
Secretary Name Justin Barry			Treasurer Name Isabel Levissee		
Street Address c/o 931 Jefferson Boulevard			Street Address 101 President Avenue		
City Warwick	State RI	Zip 02886	City Fall River	State MA	Zip 02720
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Isabel Levissee			Director Name Ted Kostisin		
Street Address 101 President Avenue			Street Address 8 Turner Street		
City Fall River	State MA	Zip 02720	City Warren	State RI	Zip 02885
Director Name Justin Barry			Director Name		
Street Address c/o 931 Jefferson Boulevard			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Everett Petronio, Jr., Esq.					Date
Signature of Officer/Authorized Representative 					SIGN DOCUMENT HERE

FILED

MAY 01 2017

BY 

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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