



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.
 Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000126307		2. Exact name of the Corporation ZGS Providence, Inc.			
3. Principal office address 23 Kenney Drive		City Cranston	State RI	Zip 02920	
4. Business Phone No. 703-229-4763		5. State of Incorporation Delaware			
6. Brief description of the character of business conducted in Rhode Island Hispanic television broadcasting					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ronald Gordon		Vice-President Name Eduardo Zavala			
Street Address 2000 N 14th Street, Suite 400		Street Address 2000 N 14th Street, Suite 400			
City Arlington	State VA	Zip 22201	City Arlington	State VA	Zip 22201
Secretary Name Ericka Johnson		Treasurer Name Peter Housman			
Street Address 2000 N 14th Street, Suite 400		Street Address 2000 N 14th Street, Suite 400			
City Arlington	State VA	Zip 22201	City Arlington	State VA	Zip 22201
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Ronald Gordon		Director Name Eduardo Zavala			
Street Address 2000 N 14th Street, Suite 400		Street Address 2000 N 14th Street, Suite 400			
City Arlington	State VA	Zip 22201	City Arlington	State VA	Zip 22201
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
800		common		1.00	

2017 MAY 17 PM 2:02
 RI DIVISION OF BUSINESS SERVICES

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.

File Date _____
 Check No _____
 By: _____

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.

Ericka Johnson 05/04/2017
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

FILED

Ericka Johnson
 Print or Type Name of Authorized Representative

MAY 17 2017

BY 303882

KM