RI SOS Filing Number: 201857131570 Date: 1/29/2018 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

		i=	ed by April 1.					
1. Entity IC		2. Exact name of the Corporation						
18	18283 PHOENIX-TIMES PUBLISHING COMPANY							
3. Principal Office Address				City		State	Zip	
One Bradford Street			Bristol		RI	02809-0000		
4. NAICS	NAICS Code 6. Brief description of the character of business conducted in Rhode Island							
5	11110	newspaper publisher						
5. State of R	f Incorporation							
	officers (names and add	resses)			Check th	e box to indicate	an attachment 🔲	
President Name Matthew D. Hayes				Vice-President Name Matthew D. Hayes				
Street Address One Bradford Street, PO Box 90				Street Address One Bradford Street, PO Box 90				
City		State	Zip	City		State	Zîp	
	Sristol	RI	02809-	Bristol		RI	02809-	
	cretary Name Matthew D. Hayes			Treasurer Name Matthew D. Hayes				
	reet Address One Bradford Street, PO Box 90			Street Address One Bradford Street, PO Box 90				
City _		State	Zip	City		State	Zip	
	Bristol	RI	02809-	Bristol		RI	02809-	
8. List ALL	directors (names and ad	ldresses)	. <u></u>	In and a Name		e box to indicate	e an attachment	
Director Name Matthew D. Hayes				Director Name none				
Street Addr	treet Address One Bradford Street, PO Box 90			Street Address none				
City	Bristol	State RI	Zip 02809-	City none		State none	Zip none	
Director Name none			· —	Director Name				
Street Address				none Street Address				
	one			none				
City n	ione	State none	Zip none	City none	·	State none	Zip none	
9. Shares Authorized			10. Shares Issued			Check the box to indicate an attachment		
This information is currently of record in the			NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
Department of State.		822		Common		No Par		
Changes re	equire an additional filing.							
	eport must be executed or is report must be execute					ation is in the ha	nds of a receiver or	
Under per	nalty of perjury, i declar	e and affirm that	I have examine	d this report, it	ncluding any accomp	anying schedu	les and	
statements, and that all statements contained herein are true and Name of Authorized Representative				COTTECL.		Date		
Matthew D. Hares				President			1/02/2018	
Signature of Authorized Representative FILED								
14	1AN 9 0 2010							

MAIL-TO!

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov

FORM 630 - Revised: 10/2017