



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.

1. Entity ID Number 271293		2. Exact name of the Corporation STRATA MARKETING, INC.			
3. Principal Office Address 1701 JOHN F KENNEDY BLVD, 32ND FLOOR		City PHILADELPHIA		State PA	Zip 19103-2838
4. NAICS Code 331318	6. Brief description of the character of business conducted in Rhode Island COMMUNICATIONS				
5. State of Incorporation DELAWARE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOY BAER			Vice-President Name THOMAS J DONNELLY		
Street Address 1701 JOHN F KENNEDY BLVD, 32ND FLOOR			Street Address 1701 JOHN F KENNEDY BLVD, 32ND FLOOR		
City PHILADELPHIA	State PA	Zip 19103-2838	City PHILADELPHIA	State PA	Zip 19103-2838
Secretary Name DEREK H SQUIRE			Treasurer Name WILLIAM E DORDELMAN		
Street Address 1701 JOHN F KENNEDY BLVD, 32ND FLOOR			Street Address 1701 JOHN F KENNEDY BLVD, 32ND FLOOR		
City PHILADELPHIA	State PA	Zip 19103-2838	City PHILADELPHIA	State PA	Zip 19103-2838
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ARTHUR R BLOCK			Director Name		
Street Address 1701 JOHN F KENNEDY BLVD, 32ND FLOOR			Street Address		
City PHILADELPHIA	State PA	Zip 19103-2838	City	State	Zip
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 Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			0	0	0
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 THOMAS J DONNELLY, VICE PRESIDENT					Date 02/20/2018
Signature of Authorized Representative <i>Thomas J Donnelly</i>					

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

BY

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