



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2019

## Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

**FILED**

MAR 07 2019

BY 307

1. Entity ID Number <u>001658506</u>		2. Exact name of the Corporation <u>Wsite Way Media, Inc.</u>	
3. Principal Office Address <u>45 N. Main St. Apt. 1</u>		City <u>Jonestown</u>	State <u>RI</u>
4. NAICS Code <u>511199</u>		6. Brief description of the character of business conducted in Rhode Island <u>weekly newspaper</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Robert Berzok</u>		Vice-President Name	
Street Address <u>47 Thorne Lane</u>		Street Address	
City <u>Richmond</u>	State <u>RI</u>	City	State
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. Shares Authorized		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
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 <u>Robert Berzok</u>			Date <u>3/1/19</u>
Signature of Authorized Representative <u>[Signature]</u>			

## MAIL TO:

Division of Business Services

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