



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

1307

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>Providence</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) Check the box to indicate an attachment ☐			
President Name <u>Robert Berzok</u>		Vice-President Name	
Street Address <u>47 Thayer Lane</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip <u>02892</u>		Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 ☐	
		NUMBER OF SHARES <u>10</u>	CLASS/SERIES <u>0</u>
		PAR VALUE <u>0</u>	
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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