



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2019**  
**Corporation**

**FILED**

MAR 29 2019

BY

*25786*

- 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 <b>107039</b>		2. Exact name of the Corporation <b>CHARTER MEDIA GROUP INC</b>			
3. Principal Office Address <b>421 BELLEVUE AVENUE UNIT 2C</b>			City <b>NEWPORT</b>		State <b>RI</b>
			Zip <b>02840</b>		
4. NAICS Code <b>541800</b>		6. Brief description of the character of business conducted in Rhode Island <b>MEDIA PROCUREMENT</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JOHN F TOUHEY</b>			Vice-President Name <b>NONE</b>		
Street Address <b>421 BELLEVUE AVENUE UNIT 2C</b>			Street Address		
City <b>NEWPORT</b>		State <b>RI</b>	Zip <b>02840</b>	City	
				State	
				Zip	
Secretary Name <b>FELICIA S TOUHEY</b>			Treasurer Name <b>JOHN F TOUHEY</b>		
Street Address <b>421 BELLEVUE AVENUE UNIT 2C</b>			Street Address <b>421 BELLEVUE AVENUE UNIT 2C</b>		
City <b>NEWPORT</b>		State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	
				State <b>RI</b>	
				Zip <b>02840</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>JOHN F TOUHEY</b>			Director Name <b>FELICIA S TOUHEY</b>		
Street Address <b>421 BELLEVUE AVENUE UNIT 2C</b>			Street Address <b>421 BELLEVUE AVENUE UNIT 2C</b>		
City <b>NEWPORT</b>		State <b>RI</b>	Zip <b>02840</b>	City	
				State	
				Zip	
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City		State	Zip	City	
				State	
				Zip	
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			100	COMMON	NONE
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.					
<b>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.</b>					
Name of Authorized Representative <b>MICHAEL J IANNOLI JR CPA</b>				Date <b>2/15/2019</b>	
Signature of Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE	

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