



Department of State - Business Services Division

Annual Report for the year: 2014
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 000792615		2. Exact name of the Corporation Insatiable Press Limited			
3. Principal Office Address 42 Whitecap Drive			City North Kingstown	State RI	Zip 02852
4. NAICS Code 511130		6. Brief description of the character of business conducted in Rhode Island Creation and distribution of audiobooks.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Desrosiers			Vice-President Name Michele Cobb		
Street Address 304 Cedar Trail Lane			Street Address 47 Roanoke St		
City Apex	State NC	Zip 27502	City Providence	State RI	Zip 02908
Secretary Name Michele Cobb			Treasurer Name Michael Desrosiers		
Street Address 47 Roanoke St			Street Address 304 Cedar Trail Lane		
City Providence	State RI	Zip 02908	City Apex	State NC	Zip 27502
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael Desrosiers			Director Name Michele Cobb		
Street Address 304 Cedar Trail Lane			Street Address 47 Roanoke St		
City Apex	State NC	Zip 27502	City Providence	State RI	Zip 02908
Director Name Robert Podrasky			Director Name		
Street Address 1901 N. Andrews Ave #122			Street Address		
City Wilton Manors	State FL	Zip 33311	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common	.01
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 Michael J Desrosiers					Date 6-13-2019
Signature of Authorized Representative <i>Michael J Desrosiers</i>					FILED JUN 27 2019 BY 9 WMLV A.A. 10:51 A.M.
SIGN DOCUMENT HERE					