

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

401.222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

2005

. Corporate ID No.	2. Name of Corp.	oration				
87930	BREEZE P	UBLICATIONS, INC.			1	
. Street Address Principal Busi			City	State	Zlp	
300 Front Street/P.O. Box A		Lincoln	RI	02865		
4. Business Phone No. 5. State of Incorporation (401) 334–9555 RHODE ISLAND		on		G. SIG Code		
		Δ	6676			
Brief Description of the Chan NEWSPAPER PUBL		T & DESIGN SERVICES				
	SES OF THE OFFI	CERS: ("X" BOX FOR A	ب ٠	SPACES BEFORE USIN	NG ATTACHMENTS	
resident Name			Vice President Name			
Thomas V. Ward			James E. Quinn			
inst Address 2190 Mendon Ro	ad		Street Address 2190 Mendon Ro	ad		
Жу	State	Zip	City	State	Zip	
Cumberland	RI	02864	Cumberland Treasure Name	RI		
Thomas V. Ward			Thomas V. Ward			
Street Address		Street Address	<u></u>			
2190 Mendon Road		2190 Mendon Ro	ad			
Ziţı:	State	Zip	City	State	Zip	
Cumberland	RI	02864	Cumberland	RI	02864	
). NAMES AND ADDRES Director Name	SSES OF THE DIRE	CTORS: ("X" BOX FOR	ATTACHMENT) FILL Director Name	IN SPACES BEFORE US	SING ATTACHMENTS	
Thomas V. Ward		•	James E. Quinn			
invi Addres			Street Address		!	
2190 Mendon Ro	aď		2190 Mendon Roa	ad	,	
Cuy	State	Ζ.ψ	City	State	Zip	
Cumberland	RI	02864	Cumberland	lri	02864	
Director Name			Director Name			
Street Address			Street Address			
Сиу	State	Zip	City	State	Zip	
IO. SHARES AUTHORIZ	 ED ("X" BOX FO	 R ATTACHMENT)	11. SHARES ISSUED ISSUED SHARES	 ("X" BOX FOR ATTAC	 CHMENT) [] 	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
2,000 NO PAR VALUE			500	None	None	
			333			
This report must	he signed in ink l	ny either the President Vic	I. ce President, Secretary, Assis	tant Secretary. Treasure	r. Receiver or Trustee	
rma repore mus	or again in inte	y criner the resident.	co cantoni, occident, masia	.a occionary, monoure	.,	
1.1		11111 6611 1861				

1-25-05 File Date 1018 Check No. FOR SECRETARY OF STATE USE ONLY including any accompanying schedules and statements, and that all statements gomoined herein are true and correct.

Signature of Officer

1/21/05 Date

Thomas V. Ward Print or Type Name of Officer

President

Title of Officer

Form 630 Rev. 12/03



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 87930 BREEZE PUBLICATIONS, INC. 3 Street Address Principal Business Office State Cin-300 Front Street / P.O. Box A Lincoln RI 02865 4. Business Phone No. 5. State of Incorporation 6 SIC Code <u>(401) 334-9555</u> 6676 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island **NEWSPAPER PUBLICATION & TYPESET & DESIGN SERVICES** ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name Vice President Name <u>Thomas V. Ward</u> <u>James E. Quinn</u> Sirect Address Street Address 2190 Mendon Road 2190 Mendon Road Zip State State Zip ..RI..... 1....02864.... .Cumber.land...... Secretary Name James E. Quinn Thomas V. Ward Street Address Street Address 2190 Mendon Road 2190 Mendon Road State 02864 Cumberland 02864 RI RI Cumberland FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name None Street Address Street Address State Z.íp City Director Name Director Name Sirrei Address Street Address State Zφ 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Class/Scries Par Value Number of Shares Number of Shares Class/Series Par Value 2,000 NO PAR VALUE 500 None None This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. 02/04/04 Date Signature of Officer Thomas V. Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 87930 BREEZE PUBLICATIONS, INC. City State Zip 3. Street Address Principal Business Office 1985 Mendon Road RI 02864 Cumberland 6 SIC Code 5. State of Incorporation 4. Business Phone No. (4010 334-9555 6676 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island Publishing of free weekly local newspaper. FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Thomas V. Ward James E. Quinn Street Address Street Address 1985 Mendon Road 1985 Mendon Road Zip City State City 02864 Cumberland RΙ 02864 Cumberland RT Treasurer Name Secretary Name Thomas V. Ward James E. Quinn Street Address Street Address 1985 Mendon Road 1985 Mendon Road 7,10 City City Cumberland RI 02864 02864 Cumberland RT FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name None Street Address Street Address City State Zip City State

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Director Name

Street Address

ESSUED SHARES

Number of Shares

500

Title of Officer

€

City



State

Class/Series

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

ZIp

Par Value

Director Name

Street Address

AUTHORIZED SHARES

2,000 NO PAR VALUE

Number of Shares

City

Signature of Officer

Thomas V. Ward

Print or Type Name of Officer

President

Under penalty of perfury, I declare and affirm that I have examined

hat fall statements contained herein are true and correct.

this report, including any accompanying schedules and statements, and

State

Class/Series

None

Par Value

None

Ferri 630 12/02

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No.	2. Name of Corpora	tion	•	•	•
87930	BREEZE PU	BLICATIONS, INC.			
3. Street Address Principal Business Office			City	State	Zip
1985 Mendon Road			Cumberland	RI	02865
4. Business Phone No.		5. State of incorporation			6. SIC Code
(401) 334-9555		RHODE ISLAND			6676
7. Brief Description of the Character	of Business Conducted I	n Rhode Island			
Publishing of fro	ee weekly lo	cal newspaper			
8. NAMES AND ADDRES: President Name	SES OF THE OFF	CERS ("X" BOX FOR ATTACK	HMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	HMENTS
Thomas V. Ward			James E. Quinn		
Street Address			Street Address		
1985 Mendon Road			1985 Mendon Ro	ad	
City	State	Zip	City	State	Zip
Cumberland	RI	02864	Cumberland	RI	02864
Secretary Name			Treasurer Name	,	
Thomas V. Ward			James E. Quinn		
Street Address			Street Address		
1985 Mendon Road			1985 Mendon Ro	ad	
City	State	Zip	City	State	Zip
Cumberland	RI	02864	Cumberland	RI	02864
9. NAMES AND ADDRESS	SES OF THE DIR	ECTORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS
Director Name		-	Director Name		
None					
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	• • •	••••	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZEI	O ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT.	1
AUTHORIZET) SHARES			ISSUTE) SHARES		
Number of Shares	Class/Series	Par Vulue	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			500	None	None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



2-27-02

FOR SECRETARY OF STATE USE ONLY

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 berein are true and correct.

Signature of Officer

Thomas V. Ward Print or Type Name of Officer

President

Title of Officer

€> 5

Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP PLEASE READ

	,
(FORM MUST BE TYPED IN BLACK)	

1. Corporate ID No. 87930	2. Name of Corp BREEZE	PUBLICATIONS, INC.	•	·	
3. Street Address Principal Business (Office		City	State	Zip
1985 Mendon Road	l		Cumberland	RI	02864
4. Rusiness Phone No. (401) 334-9555		5. State of Incorporation RHODE ISLAND	•		6. SIC Code 6676
7. Brief Description of the Character Publishing of fr					•
8. NAMES AND ADDRESS President Name	SES OF THE O	FFICERS (*X* BOX FOR ATTACH	MENT) FILL IN SPACES BE Vice President Name	FORE USING ATTAC	HMENTS
Thomas V. Ward			James E. Quinn		
Street Address 1985 Mendon Road	l		Street Address 1985 Mendon Road		
City	State	Zip	City	State	Zip
Cumberland Secretary Name	RI	02864	Cumberland Treasurer Name	RI	02864
Thomas V. Ward			Thomas V. Ward	•	
Street Address			Street Address		
1985 Mendon Road	l		1985 Mendon Road		
City	State	Zip	City	State	ZIp
Cumberland	RI-	02864	Cumberland	RI	02864
9. NAMES AND ADDRESS Director Name	SES OF THE D	IRECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES Director Name	BEFORE USING ATTA	CHMENTS
None					
Street Address	•		Street Address		-
City	State	Zip	City	State	Zip
Director Name			Director Name	• •	
Street Address			Street Address	·	
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZEI AUTHORIZED SHARES	O (*X* BOX FOR A	ATTACHMENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMENT	7)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2.000 NO PAR VAL	UF		500	None	None

This report must be signed in Ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer

File Date:	* 8 7 9 3 0 * α/α 3
Check No.:	8400
Ву:	de
FOR SECRETAR	Y OF STATE USE ONLY

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.

Signature of Officer
Thomas V. Ward

Print or Type Name of Officer
President

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

87930

BREEZE PUBLICATIONS, INC.

3. Street Address Principal Business Office

1985 Mendon Road

City

State

Zip

Suite4

Cumberland

RI

02864 6. SIC Code 6676

S. State of Incorporation RHODE ISLAND

(401) 334-9555

7. Bitel Description of the Character of Business Conducted in Rhade Island

publishing of free weekly local newspaper 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name

President Name

Thomas V. Ward

Street Address

Street Address

Treasurer Name

59 Little Pond County Road

State

Zip

Cumberland

Secretary Name

02864

Street Address

City

Street Address

City

City

State

Zip

FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name Street Address

Director Name

Street Address

Ofrector Name

Street Address

City

State

Zip

ZIp

Director Name

Street Address

City

State

Zip

City

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES

Class/Series

Par Value

i 060

Number of Shares

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1,000 SHS NO PAR VALUE

FOR SECRETARY OF STATE USE ONLY

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.

HOMAS



Check No.:

FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

ORM MUST BE TYPED IN BLA	CK)				
Corporate ID No.	2. Name of Corporation	1			
87930		BLICATIONS, INC.	·-	State	Zip
Street Address Principal Business			Cumberland "	RI	02864
1985 Hendon Ri Business Phone No.	oad Suite	5. State of Incorporation RHODE ISLAN	•	į -	6. SIC Code 6676
401-334-9555 Brief Description of the Characte				<u> </u>	
free weekly n NAMES AND ADDRES esident Name	ewspaper SES OF THE OFFIC	ERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
Thomas V. War	d .	-	Street Address	·	.
216 Pound Roa	d . State	Zip -	City	State	T Zip
. Cumberland	. RI	02864	Deasurer Name		
treet Address			Street Address	<u> </u>	
City	State	Zip -	City	State	Zip
D. NAMES AND ADDRE	SSES OF THE DIRE	CTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPAC	ES BEFORE USING A	ITACHMENTS
itreet Address			Street Address		
	[*] State	Zip – –	City	State	Zip
Director Name			Director Name		المنبيد والواليد
Sireet Address	٠	•	Street Address	-	
City -	State	Zip	City	T State	Zip
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATT	ACHMENT)	SHARES ISSUED	("X" BOX FOR ATTACHA	4ENT)
AUTHORIZED SHARES 1000 Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
1,000 SHS NO PAF			1000	345	as for
•	•	- · · · · · · · · · · · · · · · · · · ·			! !
This report must be sign	ned in ink by eit	her the President, Vi	ice President, Secretary, A	ssistant Secretary, Ti	reasurer, Receiver or Tr
insa report mast oc sit	,,	·			
				المحم محمدات والرازان	offirm that I have examine
*	8 7 9 3 (D *	this report, inclu	f perjury, I declare and oding any accompanyin its contained herein are	affirm that I have examine g schedules and statements true and correct.
Λ	4 16,00		().	VIDAN	- 1-31-99
File Date:	21361		Signature of Officer	J. 1. VV 0	Date

THOMAS V. WARD

RESIDENT

Tile of Officer

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

STOP

FILASE READ

INSTRUCTIONS

Filing Period: Janua	ry 1-March 1 •	Filing Fee: \$50.0	0	2 12/11 100	
(FORM MUST BE TYPED IN B I. Corporate ID No. 87930	2. Name of Corpora	tion JBLICATIONS, INC	.		1
3. Street Address Principal Busin 1985 ME 4. Business Phone No. 401-334-4 7. Brief Description of the Chara	NDON RU 9555	5. State of Incorpora RHODE ISL		State RI	21p 028 6. SIC Code 089
·		WEE	•	ER PUBLISH	IER
8. NAMES AND ADDR		ICERS ("X" BOX FOR A	TTACHMENT) Vice President Name		
Street Address	V. WARD POUND RO	σ	Street Address		
CVMB.	State RI	02864	City	State	Zip
Secretary Name	1 -		Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS (*X* BOX FOR	ATTACHMENT) Director Name		
Street Address			Street Address		
Siry	State	Zip	City	State	Zip
Director Name			Director Name		•
Street Address			Street Address		
City	State	?ip	City	State	Zip
10. SHARES AUTHORIZ	ZED (*x* box for att	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	T)
Number of Shares	Class/Sertes	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR	R VALUE		\circ		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer

	* 8 7 9 3 0 *
File Date:	6/19/98
Check No.:	3505
Ву:	GAR
FOR SECRETAR	Y OF STATE USE ONLY

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.

Signature of Officer

Date

Signature of Officer		Date	
THOMAS V.	WARD		
Print or Type Name of Officer			
2000	أصيدا		



fames R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

STOP:
PELASE READ
INSTRUCTIONS
REFORE
COMPLETING
HIIS FORM

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 87930 BREEZE PUBLICATIONS, INC. 3. Street Address Principal Business Office Mendon Road Cumberlan d 2352 02864 6. SIC Code 4. Business Phone No. 5. State of Incorporation 401-658-1234 **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhode Island Publisher of Free Weekly Newspayer 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name V. WARD THOMAS Street Address 2352 Mendon Road State Zip Treasurer Name Street Address Street Address City City 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address City City State State Zip Director Name Director Name Street Address Street Address City Zip City State Zip 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHAREN AUTHORIZED SHARES Number of Shares Class/Serles Par Value Number of Shares Class/Series Par Value

1,000 SHS NO PAR VALUE

NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date:	3.12.97	
Chick No.:	1637	
Ву:	10P / 10	
COD SECRETAR	V OF STATE USE ONLY	

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.

Signature of Officer Date

THOMAS Y. WARD

Print or Type Name of Officer

The of Officer