Sta	te of Rhode Island and Provide Office of the Secretary of	ence Plantations	Fee: \$50.00
	•	of State	
	Division Of Business Serv 148 W. River Street	vices	
HOPE	Providence RI 02904-20 (401) 222-3040	515	
Limited Liability Compa Annual Report Filing Period: September 1 - N			
	16-66(d), each limited liability company thirty (30) days after the time prescribed nalty fee of \$25.00.		
ANNUAL REPORT YEAR: 2	019		
1. ID No. <u>000540862</u>			
2. Exact Name of the Limi	ted Liability Company <u>RECRUE M</u>	EDIA, L.L.C.	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
0	de that best describes the primary busir nformation on <u>NAICS</u> can be found onlin	2	tity. Download
<u>541800</u>			
4. Brief Description of the	Character of the Business Which is A	ctually Conducted in R	hode Island
ONLINE ADVERRTISIN	<u>G</u>		
ONLINE ADVERRTISIN			
5. Principal Office Address No. and Street: <u>3303 S</u>		<u>[</u> Zip: <u>02818</u> Cou	untry: <u>USA</u>
5. Principal Office Address No. and Street: 3303 S City or Town: EAST	. COUNTY TRAIL		ıntry: <u>USA</u>
5. Principal Office Address No. and Street: 3303 S City or Town: EAST 6. Mailing Address of Limit Contact Name: Contact Tit No. and Street: 3303 S	<u>. COUNTY TRAIL</u> <u>GREENWICH</u> State: <u>R</u> ted Liability Company and Name or T le: <u>. COUNTY TRAIL</u>	Title of Contact Person:	ıntry: <u>USA</u>
5. Principal Office Address No. and Street: 3303 S City or Town: EAST 6. Mailing Address of Limit Contact Name: Contact Tit No. and Street: 3303 S	<u>. COUNTY TRAIL</u> <u>GREENWICH</u> State: <u>R</u> ted Liability Company and Name or T le:	Title of Contact Person:	ıntry: <u>USA</u>
5. Principal Office Address No. and Street: 3303 S City or Town: EAST 6. Mailing Address of Limit Contact Name: Contact Tit No. and Street: 3303 S City or Town: EAST	<u>. COUNTY TRAIL</u> <u>GREENWICH</u> State: <u>R</u> ted Liability Company and Name or ⁻ le: <u>. COUNTY TRAIL</u> <u>GREENWICH</u> State: <u>RI</u> ach Manager of the Limited Liability	Title of Contact Person: Zip: <u>02818</u> Cou	intry: <u>USA</u>
5. Principal Office Address No. and Street: 3303 S City or Town: EAST 6. Mailing Address of Limit Contact Name: Contact Tit No. and Street: 3303 S City or Town: EAST	<u>COUNTY TRAIL</u> <u>GREENWICH</u> State: <u>R</u> ted Liability Company and Name or The le: <u>COUNTY TRAIL</u> <u>GREENWICH</u> State: <u>RI</u> ach Manager of the Limited Liability Individual Name	Title of Contact Person: Zip: <u>02818</u> Cou	intry: <u>USA</u> intry: <u>USA</u> e.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

STEVEN R. BOGUE <u>31 WEST MAIN STREET</u> <u>NORTH KINGSTOWN</u>, <u>RI</u> <u>02852</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 19 Day of September, 2019 at 9:02:04 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>STEVEN R. BOGUE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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