



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

FILED
 STAMP
 JAN 27 2020
 3380

Annual Report for the year: 2020
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 69073		2. Exact name of the Corporation P.S. DISTRIBUTING, INC.				
3. Principal Office Address 75 Walnut Road			City North Kingstown	State RI	Zip 02852	
4. NAICS Code 541870		6. Brief description of the character of business conducted in Rhode Island Distribution of newspapers, periodicals and magazines				
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 Peter C. Shapiro			Vice-President Name None			
Street Address 75 Walnut Road			Street Address			
City North Kingstown	State RI	Zip 02852	City	State	Zip	
Secretary Name Peter C. Shapiro			Treasurer Name Peter C. Shapiro			
Street Address 75 Walnut Road			Street Address 75 Walnut Road			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name None			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized		10. Shares Issued				Check the box to indicate an attachment <input checked="" 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	No Par Value	
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. <i>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.</i>						
Name of Authorized Representative Peter C. Shapiro, President				Date 1/17/20		
Signature of Authorized Representative <i>* Peter C. Shapiro</i>			SIGN DOCUMENT HERE			

MAIL TO:
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 Website: www.sos.ri.gov