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

Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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
141892	Bouchard Broadcasting, Incorporated

3. Street Address Principal Business Office	City	State	Zip
786 Diamond Hill Road	WOONSOCKET	RI	02895-1476

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-769-6925	RHODE ISLAND	

7. Brief Description of the Character of Business Conducted in Rhode Island
TO CONDUCT THE BUSINESS OF A RADIO STATION

8. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Roger Bouchard	Roger Laliberte
Street Address: 341 PROSPECT ST.	Street Address: 23 FERNCREST AVENUE
City: WOONSOCKET State: RI Zip: 02895	City: COVENTRY State: RI Zip: 02816
Secretary Name: David ST. Onge	Treasurer Name: Richard Bouchard
Street Address: 154 PATTON Rd	Street Address: 8 PRISCILLA ROAD
City: WOONSOCKET State: RI Zip: 02895	City: WOONSOCKET State: RI Zip: 02895

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

Director Name	Director Name
N/A	N/A
Street Address	Street Address
City State Zip	City State Zip
Director Name: N/A	Director Name: N/A
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
6,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
600		

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

[redacted] [redacted]

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.

Richard A. Bouchard — *Signature of Officer* — *Date*

Richard A. Bouchard — *Print or Type Name of Officer*

TREASURER — *Title of Officer*

[redacted]

File Date 1/18/05

Check No. 115

By: DA

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03