RI SOS Filing Number: 202187424550 Date: 1/15/2021 4:00:00 PM

none

10. Shares Issued

NUMBER OF SHARES

822

Zip

City

none

State of Rhode Island

## Department of State - Business Services Division

STAMP

2021 Annual Report for the year: Corporation

→ Filing period: January 1 - March 1

**One Bradford Street** 

List ALL officers (names and addresses)

Matthew D. Hayes

Street Address One Bradford Street, PO Box 90

8. List ALL directors (names and addresses)

Street Address One Bradford Street, PO Box 90

Matthew D. Hayes

This information is currently of record in the

Changes require an additional filing.

One Bradford Street, PO Box 90

State R1

State

none

→ Filing Fee: \$50.00°

18283

3. Principal Office Address

511110

President Name Matthew D. Hayes

**Bristol** 

: Bristol

Bristol

none

none

попе

9. Shares Authorized

Department of State.

5. State of Incorporation RI

1. Entity ID Number

4. NAICS Code

Street Address

Secretary Name

Director Name

Director Name

Street Address

City

City

City

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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					e if form is no
	e of the Corporation IX-TIMES PUBL	ISHING COMPANY			
		City	State	Zip	
		Bristol	RI	02809-0000	
	ption of the charact per publisher	er of business conducted in	i Knode island		
esses)		Check the box to indicate an attachment			
		Vice-President Name Matthew D. Ha	yes		
O Box 90		Street Address One Bradford Street, PO Box 90			
State RI	Zip 02809-	City Bristol	State <b>RI</b>	Zip 02809-	
		Treasurer Name Matthew D. Ha	yes		
O Box 90		Street Address Onc Bradford Street, PO Box 90			
State RI	Zip 02809-	City Bristol	State RI	Zip 02809-	
dresses)			Check the box to indicat	e an attachment 🔲	
		Director Name none			
O Box 90		Street Address none			
State RI	Zip 02809-	City none	State none	Zip none	
		Director Name none			
		Street Address none			
State	Zin	City	State	17in	

none

CLASS/SERIES

Common

Check the box to indicate an attachment

none

PAR VALUE

No Par

11. This report must be executed on habili of the	corporation by an authorized corresponds	re. If the corporation is in the hands of a receiver or
trustee, this report must be executed on behalf of		e. If the corporation is in the hards of a receiver of
Under penalty of perjury, I declare and affirm t statements, and that all statements contained	hat I have examined this report, includi herein are true and correct.	ng any accompanying schedules and
Name of Authorized Representative		Date
Matthew D. Hayes	President	1/04/2021
Signature of Antherzed Representative		<del></del>

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov