



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2021

## Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FILED

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BY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                          |                                                                                                                       |                 |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------|--------------|
| 1. Entity ID Number<br>000098188                                                                                                                                                                                                                                                                                                                                                                                                                                 |             | 2. Exact name of the Corporation<br>Tavares News Inc.                                    |                                                                                                                       |                 |              |
| 3. Principal Office Address<br>30 High St.                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                                                          | City<br>Pawtucket                                                                                                     | State<br>RI     | Zip<br>02860 |
| 4. NAICS Code<br>451212                                                                                                                                                                                                                                                                                                                                                                                                                                          |             | 6. Brief description of the character of business conducted in Rhode Island<br>Newsstand |                                                                                                                       |                 |              |
| 5. State of Incorporation<br>Rhode Island                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                                                                                          |                                                                                                                       |                 |              |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                   |             |                                                                                          |                                                                                                                       |                 |              |
| President Name<br>Frank Tavares                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                          | Vice-President Name                                                                                                   |                 |              |
| Street Address<br>11 Marsden Ct.                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |                                                                                          | Street Address                                                                                                        |                 |              |
| City<br>Seekonk                                                                                                                                                                                                                                                                                                                                                                                                                                                  | State<br>MA | Zip<br>02771                                                                             | City                                                                                                                  | State           | Zip          |
| Secretary Name                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                                                          | Treasurer Name                                                                                                        |                 |              |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                                                          | Street Address                                                                                                        |                 |              |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State       | Zip                                                                                      | City                                                                                                                  | State           | Zip          |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                  |             |                                                                                          |                                                                                                                       |                 |              |
| Director Name<br>Frank Tavares                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                                                          | Director Name                                                                                                         |                 |              |
| Street Address<br>11 Marsden Ct.                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |                                                                                          | Street Address                                                                                                        |                 |              |
| City<br>Seekonk                                                                                                                                                                                                                                                                                                                                                                                                                                                  | State<br>MA | Zip<br>02771                                                                             | City                                                                                                                  | State           | Zip          |
| Director Name                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                                                                                          | Director Name                                                                                                         |                 |              |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                                                          | Street Address                                                                                                        |                 |              |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State       | Zip                                                                                      | City                                                                                                                  | State           | Zip          |
| 9. Shares Authorized                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                          | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |              |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                                                 |             |                                                                                          | NUMBER OF SHARES                                                                                                      |                 |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                          | CLASS/SERIES                                                                                                          |                 |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                          | PAR VALUE                                                                                                             |                 |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                          | None                                                                                                                  |                 |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                          |                                                                                                                       |                 |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                          |                                                                                                                       |                 |              |
| 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.<br><b>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.</b> |             |                                                                                          |                                                                                                                       |                 |              |
| Name of Authorized Representative<br>Frank Tavares                                                                                                                                                                                                                                                                                                                                                                                                               |             |                                                                                          |                                                                                                                       | Date<br>3/12/21 |              |
| Signature of Authorized Representative<br>                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                                                          |                                                                                                                       |                 |              |

## MAIL TO:

Division of Business Services

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FORM 630 - Revised: 08/2020