



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 17 2021

BY U/S/D

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.

1. Entity ID Number 62659		2. Exact name of the Corporation PriMedia, Inc.			
3. Principal Office Address 260 West Exchange Street, Suite 202			City Providence	State RI	Zip 02903
4. NAICS Code 541830		6. Brief description of the character of business conducted in Rhode Island Media buying service			
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 James J. Cooney, Jr.			Vice-President Name Edward Valenti		
Street Address c/o PriMedia, Inc., 1775 Bald Hill Road			Street Address c/o PriMedia, Inc., 1775 Bald Hill Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name James J. Cooney, Jr.			Treasurer Name Edward Valenti		
Street Address c/o PriMedia, Inc., 1775 Bald Hill Road			Street Address c/o PriMedia, Inc., 1775 Bald Hill Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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 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
			1000	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. 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.					
Name of Authorized Representative <u>James J. Cooney, Jr.</u>				Date <u>February 22, 2021</u>	
Signature of Authorized Representative 					