RI SOS Filing Number: 202194939720 Date: 3/23/2021 3:43:00 PM

State of Rhode Island Department of Sta	te - Busines	s Services Di	vision		ć	My Signal Property of the State
Annual Report for the year				Map \$ 6.90		
Corporation						
→ Filing period: January 1 - M	arch 1					PA LIE
→ Filing Fee: \$50.00				ين '		
-> Penalty: Additional \$25.00 fe	e if form is not fi	led by April 1.		٠.	_	
1. Entity ID Number	2 Evant name o	f the Corporation				
	_	•				
000002545	3.7.7.					
3. Principal Office Address			TO:A.		State	Zip
19 Luther Ave			Mari	mick	BZ	02886
4. NAICS Code	r of business o	onducted in Rhode Isla	and			
515112 Radio Broadcasting						
5. State of Incorporation		J.000	6.2.	7		
RI						
	<u> </u>		-			
7. List ALL officers (names and add	Check the box to indicate an attachment					
President Name	Vice-President Name					
Street Address			Deboran C- Blount Street Address			
109 Varney 2000			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
City Gilmanton	State	Zip		Norwer 15	State	TZin .
TIM WAKE	NH	03837	Z 2 1	ranten 1	N	zip 03837
Secretary Name	THEASURE NAME	Treasurer Name				
Debalan C.	William A-Blount					
Street Address 109 Varny R	Street Address					
City Continuation	State	Zip	City Critical	ven for	State	Zip
From Warles	NH	2ip 03837		can ter	<u> </u>	
B. List ALL directors (names and ac Director Name	idresses)		In:		ne box to in	ndicate an attachment
	Deboran C. Blount					
Street Address			Street Address			
109 Varner Rand			109 Varney 1200			
City (State		Zip	City G. Imanter wales		State Zip	
Iron works	NH	2ip 03831)	<u> </u>	ron water	~	H ^{Zip} いろを多り
Director Name			Director Name			
Street Address	Street Address					
Street Address			Sileet Address			
City	State	Zip	City		State	Zip
9. Shares Authorized		10. Shares Issue			ne box to ir	ndicate an attachment 🔲
This information is currently of record in the NUMBER C			IARES CLASS/SERIES PAR VALUE			
		10	100 CV			
Changes require an additional filing.						
 This report must be executed o trustee, this report must be execute 	n behalf of the co	rporation by an au	thorized repres	sentative. If the corpora	ation is in t	he hands of a receiver or
Under penalty of perjury, I declar	re and affirm tha	e corporation by th	this report in	ustee. ncluding any accomi	anvina s	rhadulas and
statements, and that all statements	nts contained he			g any decomp		
Name of Authorized Representative					Date	16.1
William A. Blount					3	8/2021
Signature of Authorized Represent						
	3		FILE	D		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov MAR 23 2021

FORM 630 - Revised: 08/2020