State of Rhode Island

Department of State - Business Services Division

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BUS. SVCS DIV
2021 MAR 23 PM 3:41

Annual Report for the year: 2020

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	2. Exact name of the Corporation			
000002545	Blount Communications, Inc.			
3. Principal Office Address		City	State	Zip
19 Luther Ave		Warwick	RI	02886
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
515112	Radio Broadcasting			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
William A. Blount			Deborah C. Blount		
Street Address			Street Address		
109 Varney Road			109 Varney Road		
City / State / Zip			City / State / Zip		
Gilmanton Iron Works	NH	03837	Gilmanton Iron Works	NH	03837
Secretary Name			**Treasurer Name**		
Deborah C. Blount			William A. Blount		
Street Address			Street Address		
109 Varney Road			109 Varney Road		
City / State / Zip			City / State / Zip		
Gilmanton Iron Works	NH	03837	Gilmanton Iron Works	NH	03837

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
William A. Blount			Deborah C. Blount		
Street Address			Street Address		
109 Varney Road			109 Varney Road		
City / State / Zip			City / State / Zip		
Gilmanton Iron Works	NH	03837	Gilmanton Iron Works	NH	03837
Director Name			**Director Name**		
Street Address			Street Address		
City / State / Zip			City / State / Zip		

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	CNP	0

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	Date
William A. Blount	3/8/2021

Signature of Authorized Representative

FILED
MAR 23 2021
BY 303XV
A.A. 3:42 pm

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020