



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 OCT 12 PM 2:48

1. Entity ID Number 001703229		2. Exact name of the Corporation Rhode Island Free Press Company INC												
3. Principal Office Address 5 Curran Brook Ct			City Cumberland	State RI	Zip 02864									
4. NAICS Code 519110	6. Brief description of the character of business conducted in Rhode Island News reporting and related media													
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Greg Brailsford			Vice-President Name Steve Ahlquist											
Street Address 5 Curran Brook Ct.			Street Address 26 Ogden St.											
City Cumberland	State RI	Zip 02864	City Providence	State RI	Zip 02906									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>10,000</td> <td>CWP</td> <td>.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	10,000	CWP	.01			
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10,000	CWP	.01												
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 Greg Brailsford				Date 2/15/21										
Signature of Authorized Representative 														

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

OCT 12 2021
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FORM 630 Revised: 08/2020