



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV

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| | | | | | |
|---|----------------------|---|---|----------------------|---------------------------|
| 1. Entity ID Number 18283 | | 2. Exact name of the Corporation PHOENIX-TIMES PUBLISHING COMPANY | | | |
| 3. Principal Office Address One Bradford Street | | | City Bristol | State RI | Zip 02809-0000 |
| 4. NAICS Code 511110 | | 6. Brief description of the character of business conducted in Rhode Island newspaper publisher | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Matthew D. Hayes | | | Vice-President Name Matthew D. Hayes | | |
| Street Address One Bradford Street, PO Box 90 | | | Street Address One Bradford Street, PO Box 90 | | |
| City Bristol | State RI | Zip 02809 | City Bristol | State RI | Zip 02809 |
| Secretary Name Matthew D. Hayes | | | Treasurer Name Matthew D. Hayes | | |
| Street Address One Bradford Street, PO Box 90 | | | Street Address One Bradford Street, PO Box 90 | | |
| City Bristol | State RI | Zip 02809 | City Bristol | State RI | Zip 02809 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Matthew D. Hayes | | | Director Name none | | |
| Street Address One Bradford Street, PO Box 90 | | | Street Address none | | |
| City Bristol | State RI | Zip 02809 | City none | State none | Zip none |
| Director Name none | | | Director Name none | | |
| Street Address none | | | Street Address none | | |
| City none | State none | Zip none | City none | State none | Zip none |
| 9. Shares Authorized This information is currently of record in the Department of State. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| Changes require an additional filing. | | | NUMBER OF SHARES | | |
| | | | CLASS/STRIKES | | |
| | | | PAR VALUE | | |
| | | | 0.01 | | |
| 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 Matthew D. Hayes President | | | | | Date 03/27/2023 |
| Signature of Authorized Representative | | | | | |

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