

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED

MAR 04 2024

BY [Signature]

| | | | |
|---|--|---|------------------------|
| 1. Entity ID Number <u>11693758</u> | | 2. Exact name of the Limited Liability Company EXPLORE NEW ENGLAND MEDIA LLC | |
| 3. NAICS Code 511140 | | 4. Brief description of the character of business conducted in Rhode Island ADVERTISING | |
| 5. State of Formation RI | | | |
| 6. Principal Office Address 93 AUCCOOT ROAD | | City MATTAPOISETT | State MA |
| | | Zip 02739 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name | | Contact Title | |
| Street Address 93 AUCCOOT ROAD | | City MATTAPOISETT | State MA |
| | | Zip 02739 | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | |
| 9. 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 Person Thomas C Richardson | | | Date 2/27/24 |
| Signature of Authorized Person <u>[Signature]</u> | | | |

MAIL TO:

Division of Business Services

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