



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED STAMP
FEB 03 2025
BY 16020
FOR CLERK OF STATE
USE ONLY

1. Entity ID Number 000002545		2. Exact name of the Corporation BLOUNT COMMUNICATIONS, INC									
3. Principal Office Address 19 LUTHER AVENUE			City WARWICK		State RI						
			Zip 02886								
4. NAICS Code 515112		6. Brief description of the character of business conducted in Rhode Island RADIO BROADCASTING									
5. State of Incorporation RHODE ISLAND											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name WILLIAM A. BLOUNT			Vice-President Name DEBORAH C BLOUNT								
Street Address 109 VARNEY ROAD			Street Address 109 VARNEY ROAD								
City Gilmanton Iron Works	State NH	Zip 03837	City Gilmanton Iron Works	State NH	Zip 03837						
Secretary Name DEBORAH C BLOUNT			Treasurer Name WILLIAM A BLOUNT								
Street Address 109 VARNEY ROAD			Street Address 109 VARNEY ROAD								
City Gilmanton Iron Works	State NH	Zip 03837	City Gilmanton Iron Works	State NH	Zip 03837						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name WILLIAM A BLOUNT			Director Name DEBORAH C BLOUNT								
Street Address 109 VARNEY ROAD			Street Address 109 VARNEY ROAD								
City Gilmanton Iron Works	State NH	Zip 03837	City Gilmanton Iron Works	State NH	Zip 03837						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>								
			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIALS</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>CNP</td> <td>0</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIALS	PAR VALUE	100	CNP	0
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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 William A Blount					Date 01/29/25						
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