RI SOS Filing Number: 202572409010 Date: 4/28/2025 5:31:00 PM

State of Rhode Islan		re Comines I	Division				
Annual Report for the year:  Corporation	ate - Business Services Division 2025			n for the same			
→ Filing period: February 1 - May 1 → Filing Fee: \$50,00				, <del>-</del>			
→ Penalty: Additional \$25.00  1. Entity ID Number				٤	· <u></u>	<u> </u>	
000968927	2. Exact name of the Corporation The Smithfield Times Inc						
3. Principal Office Address	11110 011111	mora Timoc	City		State	Zip	
TAMARAC DRIVE UNIT 2D			1 '	NVILLE	RI	02828	
4. NAICS Code	6. Brief descripti	ion of the charact	er of busines	r of business conducted in Rhode Island			
541860	MAGAZINE -Title: 7-1.2-1701 along with direct mailings.						
5. State of Incorporation RHODE ISLAND							
7. List ALL officers (names and addresses)				Check the box to indicate an attachment			
President Name JOHN J TASSONI JR				Vice-President Name			
Street Address TAMARAC DRIVE UNIT 2D			Street Address				
City Greenville	State RI	<sup>Zip</sup> 02828	City		State	Zip	
ecretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Žip	City	<del></del>	State	Zip	
8. List ALL directors (names and a	iddresses)		I	Check th	ne box to indic	cate an attachment	
Director Name JOHN J TASS	ONI JR		Director Na	ime			
Street Address TAMARAC DRIVE UNIT 2D			Street Address				
City Greenville	State RI	<sup>Zip</sup> 02828	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	1	10. Shares issu				cate an attachment	
This information is currently of record in the Department of State.		NUMBER OF	SHARES	CWP	ERIES		
Changes require an additional filing.		1,000	1,000			\$0.01	
11. This report must be executed	on behalf of the co	orporation by an a	uthorized rep	resentative. If the c	orporation is i	in the hands of a re-	
ceiver or trustee, this report must Under penalty of perjury, I decis					companying	schedules and	
statements, and that all statements Name of Authorized Representation	ents contained he			- •	Date	<i>u</i>	
JOHN J TASSONI JR	7 /				1 4	8/25	
Signature of Authorized Represen	tative			FILED	<del></del>		
MAIL TO:				ADD a p one	5	31	

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov APR 2 8 2025

