State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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

R.I. DEPT. OF STATE
2025 APR 28 P 3:27

1. Entity ID Number	2. Exact name of the Corporation			
000968927	The Smithfield Times Inc			
3. Principal Office Address		City	State	Zip
TAMARAC DRIVE UNIT 2D		GREENVILLE	RI	02828
4. NAICS Code	6. Brief description of the character 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			Vice-President Name		
JOHN J TASSONI JR					
Street Address			Street Address		
TAMARAC DRIVE UNIT 2D					
City / State / Zip			City / State / Zip		
Greenville	RI	02828			
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 ☐

Director Name			Director Name		
JOHN J TASSONI JR					
Street Address			Street Address		
TAMARAC DRIVE UNIT 2D					
City / State / Zip			City / State / Zip		
Greenville	RI	02828			
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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	1,000	CWP	$0.01
Changes require an additional filing.			

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	Date
JOHN J TASSONI JR	4/8/25
Signature of Authorized Representative	

FILED
APR 28 2025
5:29
BY SZDB3
EG

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023