



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

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

RECEIVED
R.I. SOS
2025
APR 28 2025

1. Entity ID Number 000968927		2. Exact name of the Corporation The Smithfield Times Inc			
3. Principal Office Address TAMARAC DRIVE UNIT 2D			City GREENVILLE	State RI	Zip 02828
4. NAICS Code 541860		6. Brief description of the character of business conducted in Rhode Island 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	Zip 02828	City	State	Zip
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 JOHN J TASSONI JR			Director Name		
Street Address TAMARAC DRIVE UNIT 2D			Street Address		
City Greenville	State RI	Zip 02828	City	State	Zip
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 ☐	
This information is currently of record in the Department of State.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
Changes require an additional filing.		1,000	CWP	\$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 JOHN J TASSONI JR				Date 4/8/25	
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

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FORM 630- Revised: 12/2023