



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
148 W. River St  
Providence, RI 02904-261  
401.222.304

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>95519</b>		2. Name of Corporation <b>PROPERTY ONLINE PUBLISHING, INC.</b>			
3. Street Address Principal Business Office <b>505 Hill Street</b>			City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
4. Business Phone No. <b>(401) 823-1667</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>ADVERTISING SERVICES</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Patricia Stearly</b>			Vice President Name <b>Andrea Campbell</b>		
Street Address <b>505 Hill Street</b>			Street Address <b>50 Spring Lane</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Pascoag</b>	State <b>RI</b>	Zip <b>02859</b>
Secretary Name <b>Andrea Campbell</b>			Treasurer Name <b>Andrea Campbell</b>		
Street Address <b>50 Spring Lane</b>			Street Address <b>50 Spring Lane</b>		
City <b>Pascoag</b>	State <b>RI</b>	Zip <b>02859</b>	City <b>Pascoag</b>	State <b>RI</b>	Zip <b>02859</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES -- THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>2,000 NO PAR VALUE</b>			<b>200</b>	<b>Common</b>	<b>No Par</b>
			THIS SECTION MUST BE COMPLETED		

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.



File Date **FILED** 95519  
Check No. **SEP 18 2007**  
By: **By 2425 Y 280**  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and correct.

**Andrea Campbell** 8/29/07  
Signature Date  
**Andrea Campbell**  
Print or Type Name  
**Vice President**  
Title