



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

2017 JAN 20 PM 3:55
 R.I. DEPT. OF STATE
 BUSINESS SERVICES DIV.

1. Entity ID Number 130468		2. Exact name of the Corporation Townsend Enterprises, III, Inc.			
3. Principal Office Address 4 Richmond Square, Suite 330			City Providence	State RI	Zip 02906
4. Business Phone Number: (401) 458-1900		6. Brief description of the character of business conducted in Rhode Island To own, operate and/or manage communications businesses investment company			
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 Charles C. Townsend			Vice-President Name Walter G.D. Reed		
Street Address 4 Richmond Square, Suite 330			Street Address 2800 Financial Plaza		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02903
Secretary Name Charles C. Townsend			Treasurer Name Charles C. Townsend		
Street Address 4 Richmond Square, Suite 330			Street Address 4 Richmond Square, Suite 330		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Charles C. Townsend			Director Name		
Street Address 4 Richmond Square, Suite 330			Street Address		
City Providence	State RI	Zip 02906	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			100	Common	\$.01 par value
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. <i>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.</i>					
Name of Authorized Representative Walter G.D. Reed, Vice President				Date January 20, 2017	
Signature of Authorized Representative <i>Walter G.D. Reed</i>					

FILED

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

JAN 20 2017

By *Walter G.D. Reed* 293764