



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

STAMP

Annual Report for the year: 2018
 Corporation

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

THE
 SECRETARY OF STATE
 100 BELL

1. Entity ID Number 62901		2. Exact name of the Corporation STEVENS PUBLISHING INC.			
3. Principal Office Address 1049 MAIN STREET			City COVENTRY	State RI	Zip 02816
4. NAICS Code 812998		6. Brief description of the character of business conducted in Rhode Island NEWSPAPER PUBLISHING			
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 PETER W. STEVENS			Vice-President Name AMEY E. TILLEY		
Street Address 1000 GREEN HILL BEACH ROAD			Street Address 33 DION AVENUE		
City SOUTH KINGSTOWN	State RI	Zip 02879	City COVENTRY	State RI	Zip 02816
Secretary Name AMEY E. TILLEY			Treasurer Name PETER W. STEVENS		
Street Address 33 DION AVENUE			Street Address 1000 GREEN HILL BEACH ROAD		
City COVENTRY	State RI	Zip 02816	City SOUTH KINGSTOWN	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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			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		PAR VALUE
			100		Common
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 AMEY E. TILLEY					Date 2-20-18
Signature of Authorized Representative <i>Amey E. Tilley</i>			SIGN DOCUMENT HERE		

FILED

FEB 28 2018

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