

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrland
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAR 27 PM 3:21

DOCUMENT # F92000000418 (5)

1. Corporation Name

PROVIDENCE JOURNAL COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

75 FOUNTAIN STREET
PROVIDENCE RI 02902

Mailing Address

75 FOUNTAIN STREET
PROVIDENCE RI 02902

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/30/1992

3a. Date of Last Report

02/16/1994

4. FEI Number

05-0203820

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAMBLETT, STEPHEN
STREET ADDRESS	35 BENEFIT ST
CITY - ST - ZIP	PROVIDENCE RI
TITLE	D
NAME	SHARPE, HENRY J
STREET ADDRESS	POJACK POINT
CITY - ST - ZIP	NORTHKINGSTOWN RI
TITLE	D
NAME	WALL, JOHN W
STREET ADDRESS	108 PROSPECT ST
CITY - ST - ZIP	PROVIDENCE RI
TITLE	D
NAME	WILMERDING, PATRICK R
STREET ADDRESS	88 DUDLET ST
CITY - ST - ZIP	BROKLINE MA
TITLE	D
NAME	CAMPBELL, MARION D
STREET ADDRESS	3 E 71 ST
CITY - ST - ZIP	NEW YORK NY
TITLE	D
NAME	THORNDIKE, W. NICHOLAS
STREET ADDRESS	150 DUDLEY ST
CITY - ST - ZIP	BROOKLINE MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Retired
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Harry Dyson, Treasurer and Secretary 3/6/95 (401) 277-7206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

System Name