

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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. 117257 | | 2. Name of Corporation OnSite Marketing, Inc | | | |
| 3. Street Address Principal Business Office 1058 Kingstown Road Suite 8 | | | City Wakefield | State RI | Zip 02879 |
| 4. Business Phone No. 401-782-0342 | | 5. State of Incorporation Rhode Island | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island To engage in the representation of manufacturers and their products | | | | | |
| President Name Peter J Velleco III | | | Vice President Name | | |
| Street Address 43 Stewart Way | | | Street Address | | |
| City Wakefield | State RI | Zip 02879 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name Peter J Velleco III | | | Director Name | | |
| Street Address 43 Stewart Way | | | Street Address | | |
| City Wakefield | State RI | Zip 02879 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | Number of Shares | | Class/Series | Par Value |
| | | 500 No par value | | none | No par value |
| | | 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.

FILED

MAR 16 2011

By MNC
CA# 2301

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.

Signature

Peter J Velleco III

Print or Type Name

President

Title

3/14/2011

Date