

	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50.00
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040		
LOGOUT		

**Business Corporation
Annual Report**

Filing Period: January 1 - March 1



Help with this form

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.

ANNUAL REPORT YEAR: <u>2011</u>			
1. Corporate ID No. <u>000096093</u>			
2. Name of Corporation <u>D'ANTUONO MARKETING INC</u>			
3. Street Address Principal Business Office:			
No. and Street: <u>45 WATER STREET</u>			
City or Town: <u>EAST GREENWICH</u>		State: <u>RI</u>	Zip: <u>02818</u>
Country: <u>USA</u>			
4. Business Phone No.			

5. State of Incorporation			
State: <u>RI</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island			
SALES REPRESENTATION FOR MANUFACTURERS IN THE JUVENILE BUSINESS			
FILED MAR 28 2011 By <u>MAR</u> <u>CU # 3453</u>			
7. Names and Addresses of the Officers and Directors:			
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.			

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	PRESIDENT	ROBERT A D'ANTUONO	10 BASSETT CIRCLE EAST GREENWICH, RI 02818 USA

Select From Below Title:

First Name: Middle Name: Last Name: Suffix:

Address: City: State: Zip: Country:

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP	Common	\$0.00	4,000.00	500.00

9. 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.

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name:

Business Name:

No. and Street: Same Address as -

City or Town: State: Zip: Country:

Contact Phone:

Contact Email:

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 24 Day of March, 2011 at 11:51:08 AM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By

Signature of Authorized Representative of the Corporation

FILED
MAR 28 2011
By
ID # 96093