



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 102105		2. Exact name of the Corporation Direct Mail Manager, Inc.		
3. Principal office address 184 John Clarke Road, #2		City Middletown	State RI	Zip 02842
4. Business Phone No. (401) 847-6245		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Operation of direct mailing and mass mailing services				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Holly B. Levine		Vice-President Name Andrew M. Levine		
Street Address 184 John Clarke Road, #2		Street Address 184 John Clarke Road, #2		
City Middletown	State RI	Zip 02842	City Middletown	State RI
Secretary Name Holly B. Levine		Treasurer Name Andrew M. Levine		
Street Address 184 John Clarke Road, #2		Street Address 184 John Clarke Road, #2		
City Middletown	State RI	Zip 02842	City Middletown	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Holly B. Levine		Director Name Andrew M. Levine		
Street Address 184 John Clarke Road, #2		Street Address 184 John Clarke Road, #2		
City Middletown	State RI	Zip 02842	City Middletown	State RI
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
		200	common	no par value

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

File Date FEB 23 2012

Check No. 6357

BY [Signature]

FOR SECRETARY OF STATE USE ONLY

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] 2/21/2012
 Signature of Authorized Representative Date

Holly B. Levine
 Print or Type Name of Authorized Representative