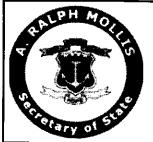
Fee: \$50.00



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

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Business Corporation Annual Report 2013

Filing Period: January 1 - March 1

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: 2013

- 1. Corporate ID No. 000068369
- 2. Name of Corporation ILLUMI, INC.
- 3. Street Address Principal Business Office:

No. and Street:

30 HOUGHTON STREET

City or Town:

PROVIDENCE

State: RI

Zip: 02904

Country: **USA**

4. Business Phone No.

FILED

<u>401 273 4801</u>

JAN 0 9 2013

5. State of Incorporation

State: RI

6. Brief Description of the Character of Business Conducted in Rhode Island

<u>DESIGN, MANUFACTURE & DISTRIBUTION OF FUNCTIONAL ART, INSPIRATIONAL GIFTS (RELIGIOUS)</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 If officers and/or directors have been elected, the title incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country 1843 OLD LOUISQUISSET PIKE LINCOLN, RI 02865 USA	
PRESIDENT	MERLEANN MAINELLI POULTON		
VICE PRESIDENT	MATTHEW ROBERT MAINELLI	5 LAMPERCOCK LANE LINCOLN, RI 02865 USA	
TREASURER	MATTHEW ROBERT MAINELLI	5 LAMPERCOCK LANE LINCOLN, RI 02865 USA	
Secretary	MERLEANN MAINELLI POULTON	1843 OLD LOUISQUISSET PIKE LINCOLN, RI 20865 USA	

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
CNP		\$0.0000	2,000.00	2,000.00

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: MARYELLEN TURRONIS

Business Name:

No. and Street: 30 HOUGHTON STREET

City or Town: **PROVIDENCE** Contact Phone: (401) 273-4801 ext:

Contact Email: illumiri@aol.com 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.

State: RI

Signed this 3 Day of January, 2013 at 5:30:54 PM. 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 Matthew Robert Mainelli

Matthew Robert Mainelli Wutthen Robert Warne Signature of Authorized Representative of the Corporation

Vice President

Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Make Corrections

FILED

Zip: <u>02904</u>

Accept

Country: **USA**

Form No. 630 Revised 09/07

JAN 0 9 2013

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