

**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

**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.**401 273 4801**FILED****JAN 09 2013****5. State of Incorporation**State: RI**6. Brief Description of the Character of Business Conducted in Rhode Island**

DESIGN, MANUFACTURE & DISTRIBUTION OF FUNCTIONAL ART, INSPIRATIONAL GIFTS (RELIGIOUS)

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 If officers and/or directors have been elected, the title incorporator is no longer applicable; please delete.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
PRESIDENT	MERLEANN MAINELLI POULTON	1843 OLD LOUISQUISSET PIKE LINCOLN, RI 02865 USA
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 02865 USA

8. Shares Authorized and Issued

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

State: RI

Zip: 02904

Country: USA

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.

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

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

Accept

Form No. 630
Revised 09/07

JAN 09 2013

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By mme
LD #68369