



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 2013

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. 64777		2. Exact name of the Corporation DEG MARKETING INC			
3. Principal office address P.O. BOX 237			City N. SCITUATE	State R. I.	Zip 02857
4. Business Phone No. 401-524-8511		5. State of Incorporation R. I.			
6. Brief description of the character of business conducted in Rhode Island CONSULTING, MARKETING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name GALE G. HANNA			Vice-President Name DAVID L. HANNA		
Street Address P.O. Box 237 9 HANNA LANE			Street Address P.O. Box 237 9 HANNA LANE		
City N SCITUATE	State RI	Zip 02857	City N SCITUATE	State RI	Zip 02857
Secretary Name DAVID L. HANNA			Treasurer Name GALE G HANNA		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name GALE G. HANNA			Director Name DAVID L. HANNA		
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE		
City	State	Zip	City	State	Zip
Director Name			Director Name ABOVE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" 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
			100		

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

JAN 31 2013

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.

File Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative

BY *[Signature]*
29-18888-7

[Signature] 1/31/13

DAVID L. HANNA