



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. 62404		2. Exact name of the Corporation Total Marketing Corporation								
3. Principal office address 130 Deerfield Drive			City East Greenwich	State RI	Zip 02818					
4. Business Phone No. 401-886-9450			5. State of Incorporation Rhode Island							
6. Brief description of the character of business conducted in Rhode Island To represent and distribute products of various manufacturers and related services										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>										
President Name Todd M. Perelman			Vice-President Name None							
Street Address 130 Deerfield Drive			Street Address							
City East Greenwich	State RI	Zip 02818	City	State	Zip					
Secretary Name Lisa Perelman			Treasurer Name Todd M. Perelman							
Street Address 130 Deerfield Drive			Street Address 130 Deerfield Drive							
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name None			Director Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
Director Name			Director Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
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		
						100	Common	\$1.00		

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.

File Date _____

Check No _____

By: _____

FILED

FEB 12 2013

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.

Todd M. Perelman 2-6-13
 Signature of Authorized Representative Date

Todd M. Perelman, President

Print or Type Name of Authorized Representative

By MNC
CH # 5498