



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 2014

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. 000068369		2. Exact name of the Corporation: illumi inc	
3. Principal office address 30 Houghton Street		City Providence	State RI
		Zip 02904	
4. Business Phone No. 401-273-4801		5. State of Incorporation Rhode Island	
6. Brief description of the character of business conducted in Rhode Island Design Manufacture & Distribution of Functional Art & Inspirational (Religious) Gifts			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Merleann Mainelli Poulton		Vice-President Name Matthew Robert Mainelli	
Street Address 1843 Old Louisquisset Pike		Street Address 5 Lampcock Lane	
City Lincoln	State RI	City Lincoln	State RI
Zip 02865		Zip 02865	
Secretary Name Merleann Mainelli Poulton		Treasurer Name Matthew Robert Mainelli	
Street Address 1843 Old Louisquisset Pike		Street Address 5 Lampcock Lane	
City Lincoln	State RI	City Lincoln	State RI
Zip 02865		Zip 02865	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name NA		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 2000		CLASS/SERIES CNP	PAR VALUE 0

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 _____

Check No _____

By: _____ BY _____

JAN 28 2014

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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.

Manjella Turonis 1/27/14
 Signature of Authorized Representative Date

Manjella Turonis
 Print or Type Name of Authorized Representative

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