



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

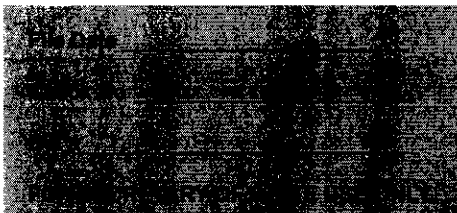
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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. 128579		2. Exact name of the Corporation EDWARD ANTHONY DELGRANDE INFOTAINMENT, INC.			
3. Principal office address 83 RIDGE ROAD			City SMITHFIELD	State RI	Zip 02917
4. Business Phone No. 401-232-1720			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island MEDIA PERSONALITY					
President Name EDWARD ANTHONY DELGRANDE			Vice-President Name EDWARD ANTHONY DELGRANDE		
Street Address 83 RIDGE ROAD			Street Address 83 RIDGE ROAD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Secretary Name EDWARD ANTHONY DELGRANDE			Treasurer Name EDWARD ANTHONY DELGRANDE		
Street Address 83 RIDGE ROAD			Street Address 83 RIDGE ROAD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Director Name			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
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	COMMOM/VOTING	NO PAR VALUE

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
 FEB 25 2015
 3976

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.

Edward A. DelGrande 2/22/15
 Signature of Authorized Representative Date

EDWARD A. DELGRANDE
 Print or Type Name of Authorized Representative