



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 2016

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. 134749		2. Exact name of the Corporation NUGENT MARKETING GROUP, INC.	
3. Principal office address 127 ASHTON AVENUE		City NORTH KINGSTOWN	State RI
		Zip 02852	
4. Business Phone No. 401-295-2907		5. State of Incorporation RHODE ISLAND	
6. Brief description of the character of business conducted in Rhode Island SALES AND MARKETING			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>			
President Name BERNARD NUGENT		Vice-President Name KATHLEEN NUGENT	
Street Address 127 ASHTON AVENUE		Street Address 127 ASHTON AVENUE	
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN
		State RI	
		Zip 02852	
Secretary Name KATHLEEN NUGENT		Treasurer Name BERNARD NUGENT	
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 BERNARD NUGENT		Director Name KATHLEEN NUGENT	
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 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
		600	COMMON
			NO PAR
		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.

File Date _____
 Check No. _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED ✓
JAN 21 2016

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.

Bernard Nugent 1-18-16
 Signature of Authorized Representative Date
BERNARD NUGENT
 Print or Type Name of Authorized Representative

BY 1004