



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. 83171		2. Exact name of the Corporation DelMonaco Productions, Ltd.		
3. Principal office address 95 Grand Avenue		City Pawtucket	State RI	Zip 02861
4. Business Phone No. 401-722-8811		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island PROVIDE ORGANIZATION AND DECORATIVE SERVICES FOR PARTIES, FUNCTIONS AND EVENTS, ETC.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Terry DelMonaco		Vice-President Name		
Street Address 95 Grand Avenue		Street Address		
City Pawtucket	State RI	Zip 02861	City	State Zip
Secretary Name Terry DelMonaco		Treasurer Name Terry DelMonaco		
Street Address 95 Grand Avenue		Street Address 95 Grand Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI Zip 02861
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
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
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.				

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 12 2016
 File Date
 Check No On 51614
 By: _____
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.
Terry DelMonaco 1/27/16
 Signature of Authorized Representative Date
Terry DelMonaco
 Print or Type Name of Authorized Representative