



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. 64777		2. Exact name of the Corporation D F G MARKETING INC.		
3. Principal office address P.O. Box 237		City N. SCITUATE	State R.I.	Zip 02857
4. Business Phone No. 401-524-8511		5. State of Incorporation R.I.		
6. Brief description of the character of business conducted in Rhode Island (CONSULTING) SALES & MARKETING				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name CECE C. HANNA		Vice-President Name DAVID L. HANNA		
Street Address 9 HANNA LANE		Street Address 9 HANNA LANE		
City N. SCITUATE	State RI	Zip 02857	City N. SCITUATE	State RI
Secretary Name DAVID L. HANNA		Treasurer Name CECE C. HANNA		
Street Address 9 HANNA LN		Street Address 9 HANNA LN		
City N. SCITUATE	State RI	Zip 02857	City N. SCITUATE	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name CECE C. HANNA		Director Name DAVID L. HANNA		
Street Address 9 HANNA LANE		Street Address 9 HANNA LANE		
City N. SCITUATE	State RI	Zip 02857	City N. SCITUATE	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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 100		CLASS/SERIES	PAR VALUE 6.00	

RECEIVED STATE SECRETARY OF CORPORATIONS FEB 24 PM 11:00

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: _____
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 24 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.

David L. Hanna **2/24/16**
 Signature of Authorized Representative Date

DAVID L. HANNA
 Print or Type Name of Authorized Representative