



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. 100672		2. Exact name of the Corporation RAWSON MARKETING CORP.		
3. Principal office address 2417 Mendon Road		City Woonsocket	State RI	Zip 02895
4. Business Phone No.		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island TO GENERALLY CONDUCT A MARKETING BUSINESS				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name JOSEPH A. LAMAGNA		Vice-President Name NONE		
Street Address 2417 Mendon Road		Street Address		
City Woonsocket	State RI	Zip 02895	City	State
Secretary Name JOSEPH A. LAMAGNA		Treasurer Name JOSEPH A. LAMAGNA		
Street Address 2417 Mendon Road		Street Address 2417 Mendon Road		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name JOSEPH A. LAMAGNA		Director Name		
Street Address 2417 Mendon Road		Street Address		
City Woonsocket	State RI	Zip 02895	City	State
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 0		CLASS/SERIES COMMON		PAR VALUE 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.

File Date

MAR 01 2016

Check No

16064

By:

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.

Signature of Authorized Representative

Date

JOSEPH A. LAMAGNA, PRESIDENT

Print or Type Name of Authorized Representative