



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
136497		RAD VENTURES, INC.			
3. Principal Office Address		City	State	Zip	
9 SOMERSET STREET		E. GREENWICH	RI	02818	
4. Business Phone Number		5. State of Incorporation			
		RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island					
INTERNET CONSULTING					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name			Vice-President Name		
ROBERT A. DONFRANCESCO					
Street Address			Street Address		
9 SOMERSET STREET					
City	State	Zip	City	State	Zip
E. GREENWICH	RI	02818			
Secretary Name			Treasurer Name		
ROBERT A. DONFRANCESCO			ROBERT A. DONFRANCESCO		
Street Address			Street Address		
9 SOMERSET STREET			9 SOMERSET STREET		
City	State	Zip	City	State	Zip
E. GREENWICH	RI	02818	E. GREENWICH	RI	02818
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
ROBERT A. DONFRANCESCO					
Street Address			Street Address		
9 SOMERSET STREET					
City	State	Zip	City	State	Zip
E. GREENWICH	RI	02818			
9. Shares Authorized		10. Shares Issued		Check box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	COMMON	NO PAR	
11. 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. <i>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.</i>					
Name of Authorized Representative				Date	
<i>Robert A. Donfrancesco</i>				3/29/16	
Signature of Authorized Representative					

FILED

APR 01 2016

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