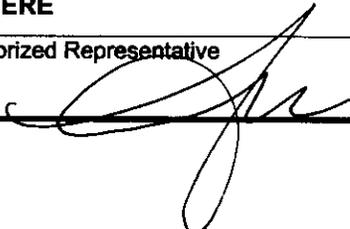




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2016**  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>65817</b>		2. Exact name of the Corporation <b>AMG INTERNATIONAL INVESTMENT, INC.</b>			
3. Principal Office Address <b>38 NICHOLSON CRESENT</b>			City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
4. Business Phone Number <b>212-643-4422</b>			5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>COMMUNICATION &amp; MANAGEMENT SERVICES</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>ANGELA GIGUERE</b>			Vice-President Name		
Street Address <b>9 VIA LOS INCAS</b>			Street Address		
City <b>PALM BEACH</b>	State <b>FL</b>	Zip <b>33480</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>ANGELA GIGUERE</b>			Director Name		
Street Address <b>9 VIA LOS INCAS</b>			Street Address		
City <b>PALM BEACH</b>	State <b>FL</b>	Zip <b>33480</b>	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>100</b>		<b>COMMON</b>	<b>10</b>
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 <b>ANGELA GIGUERE</b>					Date <b>7-23-2016</b>
Signature of Authorized Representative  <span style="float: right;">SIGN DOCUMENT HERE</span>					

**MAIL TO:**  
**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**  
 AUG 12 2016  
 BY 3401  
 LD

FORM 630 - Revised: 05/2016