



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

Annual Report for the year: 2017
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 507937		2. Exact name of the Corporation eLUME MARKETING, INC.			
3. Principal Office Address 1 Charles Street		City Providence		State RI	Zip 02904
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Any and all lawful business.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert A. Annaldo			Vice-President Name Robert A. Annaldo		
Street Address 1 Charles Street			Street Address 1 Charles Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name Robert A. Annaldo			Treasurer Name Robert A. Annaldo		
Street Address 1 Charles Street			Street Address 1 Charles Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert A. Annaldo			Director Name		
Street Address 1 Charles Street			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the 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.					
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.					
Name of Authorized Representative Robert A. Annaldo, President					
Signature of Authorized Representative 					

FILED
 JAN 26 2017

BY **SUBV**