



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 000138024		2. Exact name of the Corporation Secret Passage Press, Inc.			
3. Principal Office Address 75 Pelham St. #E		City Newport		State RI	Zip 02840
4. NAICS Code 71 - Arts, Entertainment, and R	6. Brief description of the character of business conducted in Rhode Island To engage in writing, illustrating, design and conceptualizing of book and in the business of giving speeches and presentations. To deal in books, pamphlets, circular, posters, newspapers, magazine, literature, music, pictures, etc.				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lucinda Landon			Vice-President Name		
Street Address 32 Spring Rd.			Street Address		
City Glenville	State NY	Zip 12302	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100 Stk 0.00		
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 Lucinda Landon					Date 1/26/17
Signature of Authorized Representative <i>Lucinda Landon</i>					FILED FEB 01 2017 Mar 26, 2017

MAIL TO:

Division of Business Services

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FORM 630 - Revised: 10/2016