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State of Rhode Island and Providence Plantations

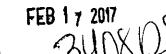
Department of State - Business Services Division

Annual Report for th	e year:	2017							
Corporation	. 1 Moreh 1								
→ Filing period: January → Filing Fee: \$50.00	/ 1 - March 1								
→ Penalty: Additional \$2	5.00 fee if form is	not filed by April 1.							
1. Entity ID Number	2. Exact na	2. Exact name of the Corporation							
65817	AMG INT	AMG INTERNATIONAL INC.							
3. Principal Office Address			City		State	Zip			
38 NICHOLSON CRESE	ΝΤ		MIDDLETO	NWN	RI	02842			
4. NAICS Code	Brief des		acter of business	ter of business conducted in Rhode Island					
531390	COMMUNI	CATION & MANA	AGEMENT SERV	ICES					
5. State of Incorporation									
·			•						
RHODE ISLAND	-d -dd\		180	Ch.	المائدة المائدة المائدة المائدة المائدة				
7. List ALL officers (names a President Name	na addresses)		Vice-Presider		eck the box to indi	cate an attachment			
ANGELA GIGUERE			Vioc i resider	it raine					
Street Address				Street Address					
9 VIA LOS INCAS			Ì		•				
City	State	Zip	City		State	Zip			
PALM BEACH	FL	33480							
Secretary Name			Treasurer Na	me					
Street Address		Street Address		(
City	State	Zip	City		State	Zip			
8. List ALL directors (names	and addresses)			Chi	eck the box to indi	cate an attachment			
Director Name	and duditosocoj		Director Name		CON THE BOX TO MICH	odic dil ditaoninent			
ANGELA GIGUERE									
Street Address			Street Addres	Street Address					
9 VIA LOS INCAS									
City	State	Zip	City		State	Zip			
PALM BEACH Director Name	FL		Director Name						
Street Address			Street Address						
City	State	Zip	City		State	Zip			
9. Shares Authorized					eck the box to indicate an attachment				
This information is currently o Department of State.	f record in the	NUMBER	OF SHARES	CLASS/SE	RIES	PAR VALUE			
Department of otate.			100	COMMON		10			
Changes require an additional filing.						,			
11. This report must be execu					rporation is in the	hands of a receiver or			
trustee, this report must be ex									
Under penalty of perjury, I destatements, and that all sta				ncluding any acc	companying sch	edules and			
Name of Authorized Represe	ts, and that all statements contained herein are true an uthorized Representative				Date ,				
STEVEN HIRSCH		2/1/17							
Signature of Authorized Repr	esentative								
11-1	n wil	SISNICA		M.C.					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 630 - Revised: 10/2016