



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

Annual Report for the year:
Corporation

2017

- 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 65817 | | 2. Exact name of the Corporation AMG INTERNATIONAL INC. | | | |
| 3. Principal Office Address 38 NICHOLSON CRESENT | | | City MIDDLETOWN | State RI | Zip 02842 |
| 4. NAICS Code 531390 | | 6. Brief description of the character of business conducted in Rhode Island COMMUNICATION & MANAGEMENT SERVICES | | | |
| 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 ANGELA GIGUERE | | | Vice-President Name | | |
| Street Address 9 VIA LOS INCAS | | | Street Address | | |
| City PALM BEACH | State FL | Zip 33480 | 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 ANGELA GIGUERE | | | Director Name | | |
| Street Address 9 VIA LOS INCAS | | | Street Address | | |
| City PALM BEACH | State FL | 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 | COMMON | | 10 |
| | | | | | |
| 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 STEVEN HIRSCH Signature of Authorized Representative | | | | | Date 2/1/17 |

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
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BY 3408105