



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 102105		2. Exact name of the Corporation Direct Mail Manager, Inc.			
3. Principal Office Address 800 Aquidneck Avenue			City Middletown	State RI	Zip 02842
4. NAICS Code 56 - Administrative and Support		6. Brief description of the character of business conducted in Rhode Island Operation of direct mailing and mass mailing 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 Holly B. Levine			Vice-President Name Andrew M. Levine		
Street Address 800 Aquidneck Avenue			Street Address 800 Aquidneck Avenue		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Holly B. Levine			Treasurer Name Andrew M. Levine		
Street Address 800 Aquidneck Avenue			Street Address 800 Aquidneck Avenue		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Holly B. Levine			Director Name Andrew M. Levine		
Street Address 800 Aquidneck Avenue			Street Address 800 Aquidneck Avenue		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Director Name None			Director Name None		
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		
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 Holly B. Levine				Date 2/28/2017	
Signature of Authorized Representative <div style="display: flex; justify-content: space-between; align-items: center;"> <div><i>Holly Levine</i></div> <div style="text-align: center;"> FILED SIGN DOCUMENT HERE </div> </div>					