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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 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	2 Event nem						
104278		2. Exact name of the Corporation DEAN WOOD MARKETING & BUSINESS COMMUNICATIONS INC.					
	DEAN W	MOD WAKK	FILMOG	ROSINESS COM	MWON (CA I	1002 INC.	
3. Principal Office Address 268 horth 7	vrm Dr	ive	City Bru	stol	State R. Q.	2ip 02809	
4. NAICS Code			er of business conducted in Rhode Island				
54	of Incorporation harketing, activertising + Public Relations						
5. State of Incorporation	→ marke	Ing, Ad	vertisi	ma+Public	Relate	ôn A	
R.Q.		<i>T</i>		7	, , 500.000	• • • • • • • • • • • • • • • • • • • •	
7. List ALL officers (names and ad President Name)	dresses)			Chec	k the box to indi	cate an attachment	
Street Address			Vice-President Name				
notation la			Street Address				
City C	State R. Q.	Zip	City		State	T7in	
Bristol	K. U.	Zip C2809	,		Ciate	Zip	
			Treasurer Name Caroline C. Wood				
Street Address			Street Address 268 horth Zarm Drive				
City	State	Zip	City Ba	intal	State	2ip 02809	
8. List ALL directors (names and addresses)			Check the box to indicate an attachment				
Director Name			Director Name				
Street Address			Street Address				
			Street Addre	55			
City	State	Zip	City	·	State	Zip	
Director Name			Director Nan	ne	·_ 		
Street Address							
uce: Address			Street Address				
City	State	Zip	City		State	Zip	
					Clate	Z.10	
Shares AuthorizedThis information is currently of recor	ed in the	10. Shares Issue		Check	the box to indica	ate an attachment	
Department of State.	a in the	NUMBER OF S	HARES	CLASS/SERIES	<u>s</u>	PAR VALUE	
Changes require an additional filing.		200		Common &	haren	.01	
		<u> </u>					
11. This report must be executed or	behalf of the co	rporation by an aut	horized repre	sentative. If the corpo	ration is in the h	ands of a receiver or	
rustee, this report must be execute Under penalty of perjury, I declar	u un uchan in me	a icomorption by the	a receiver or t	PRIATAA	•		
received, and that an abstraction	is contained ne	rein are true and (uns report, correct.	including any accom	ipanying sched	lules and	
Name of Authorized Representative	}	الماء المؤرار			Date		
DEAN M. WOOD				ILED	3/1/	17	
Signature of Authorized Representa	ITIVE		•				
Dean h	Nood			P U 8 5013			
All TO:			441		\ ~ ·		

ion of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

FORM 630 - Revised: 02/2017