



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
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 83171		2. Exact name of the Corporation DelMonaco Productions, Ltd.			
3. Principal Office Address 95 Grand Avenue		City Pawtucket		State RI	Zip 02861
4. NAICS Code 561920 RI		6. Brief description of the character of business conducted in Rhode Island PROVIDE ORGANIZATION AND DECORATIVE SERVICES FOR PARTIES, FUNCTIONS AND EVENTS, ETC.			
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 Terry DelMonaco			Vice-President Name		
Street Address 95 Grand Avenue			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Secretary Name Terry DelMonaco			Treasurer Name Terry DelMonaco		
Street Address 95 Grand Avenue			Street Address 95 Grand Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
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	Common	No Par			
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 Terry DelMonaco					Date 1/19/2018
Signature of Authorized Representative <i>Terry DelMonaco</i>					SIGN DOCUMENT HERE

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

JAN 22 2018

BY

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FORM 630 - Revised: 10/2016