



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 86 564		2. Exact name of the Corporation MOORE MEDIA, INC			
3. Principal Office Address 90 213 FAIRWAYS EDGE DR			City ST. MARYS	State GA	Zip 31558
4. NAICS Code 541830		6. Brief description of the character of business conducted in Rhode Island MEDIA PLANNING + BUYING SERVICES FOR VARIETY OF BUSINESSES.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name ELENE MOORE			Vice-President Name		
Street Address 90 213 FAIRWAYS EDGE DR.			Street Address		
City ST. MARYS	State GA	Zip 31558	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 ☐					
Director Name ELENE W. MOORE			Director Name DENNIS W. MOORE		
Street Address 213 FAIRWAYS EDGE DR			Street Address 213 FAIRWAYS EDGE DR		
City ST. MARYS	State GA	Zip 31558	City ST. MARY	State GA	Zip 31558
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			1		
			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 ELENE MOORE, PRESIDENT/OWNER					Date 1/8/18
Signature of Authorized Representative 					SIGN DOCUMENT FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

JAN 29 2018

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FORM 630 - Revised: 10/2017