



RI SOS Filing Number: 201859288650 Date: 2/26/2018 4:00:00 PM

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 128579		2. Exact name of the Corporation EDWARD ANTHONY DELGRANDE INFOTAINMENT, INC.			
3. Principal Office Address 83 RIDGE ROAD		City SMITHFIELD		State RI	Zip 02917
4. NAICS Code 541910		6. Brief description of the character of business conducted in Rhode Island MEDIA PERSONALITY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name EDWARD ANTHONY DELGRANDE			Vice-President Name EDWARD ANTHONY DELGRANDE		
Street Address 83 RIDGE ROAD			Street Address 83 RIDGE ROAD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Secretary Name EDWARD ANTHONY DELGRANDE			Treasurer Name EDWARD ANTHONY DELGRANDE		
Street Address 83 RIDGE ROAD			Street Address 83 RIDGE ROAD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
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					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES COMMON/VOTING	PAR VALUE NO 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 EDWARD A. DELGRANDE				Date 2/23/2018	
Signature of Authorized Representative <i>Edward A. DelGrande</i>				SIGN DOCUMENT HERE FILED FEB 26 2018 4843	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov