



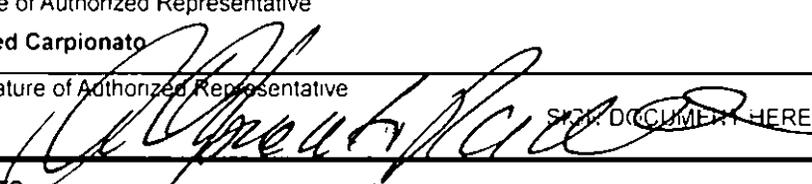
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

1. Entity ID Number 64379		2. Exact name of the Corporation Securities Exchange Group, Inc.					
3. Principal Office Address 1414 Atwood Avenue				City Johnston		State RI	Zip 02919
4 NAICS Code 525990		6. Brief description of the character of business conducted in Rhode Island To Engage in all Forms of Investments					
5 State of Incorporation RI							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Alfred Carpionato			Vice-President Name Alfred Carpionato				
Street Address 1414 Atwood Avenue			Street Address 1414 Atwood Avenue				
City Johnston		State RI	Zip 02919	City Johnston		State RI	Zip 02919
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 <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	CLASS/SERIES		PAR VALUE	
			1000	Common		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. <i>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.</i>							
Name of Authorized Representative Alfred Carpionato						Date 2/28/18	
Signature of Authorized Representative 						SIGN DOCUMENT HERE FILED <i>or</i> MAR 01 2018 BY <u>10540</u>	