RI SOS Filing Number: 201860369490 Date: 3/16/2018 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.

RECEIVED SECRETARY OF STATE CORPORATIONS 2018 MAR 16 AM 10:44

1. Entity ID Number	2. Exact name of the Corporation			
100672	RAWSON MARKETING CORP.			
3. Principal Office Address		City	State	Zip
2417 Mendon Road		Woonsocket	RI	02895
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541611	TO GENERALLY CONDUCT A MARKETING BUSINESS			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: JOSEPH A. LAMAGNA			Vice-President Name: NONE		
Street Address: 2417 Mendon Road			Street Address:		
City: Woonsocket	State: RI	Zip: 02895	City:	State:	Zip:
Secretary Name: JOSEPH A. LAMAGNA			Treasurer Name: JOSEPH A. LAMAGNA		
Street Address: 2417 Mendon Road			Street Address: 2417 Mendon Road		
City: Woonsocket	State: RI	Zip: 02895	City: Woonsocket	State: RI	Zip: 02895

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: JOSEPH A. LAMAGNA			Director Name:		
Street Address: 2417 Mendon Road			Street Address:		
City: Woonsocket	State: RI	Zip: 02895	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
0	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.

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	Date
JOSEPH A. LAMAGNA, PRESIDENT	February 20, 2018

Signature of Authorized Representative — SIGN DOCUMENT HERE **FILED**

MAR 16 2018
BY 326667 10:48

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

FORM 630 - Revised: 10/2017