



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

Annual Report for the year: 2019
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 DIV
2019 JAN 28 PM 3:00

1. Entity ID Number <u>000086564</u>		2. Exact name of the Corporation <u>MOORE MEDIA, INC.</u>	
3. Principal Office Address <u>610 213 FAIRWAYS EDGE DR</u>		City <u>SAINT MARYS</u>	State <u>GA</u>
		Zip <u>31558</u>	
4. NAICS Code <u>541830</u>	6. Brief description of the character of business conducted in Rhode Island <u>MEDIA PLANNING & BUYING SERVICE FOR VARIETY OF BUSINESSES.</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>ILENE MOORE</u>		Vice-President Name	
Street Address <u>213 FAIRWAYS EDGE DR</u>		Street Address	
City <u>ST. MARYS</u>	State <u>GA</u>	Zip <u>31558</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>ILENE MOORE</u>		Director Name <u>DENNIS W. MOORE</u>	
Street Address <u>213 FAIRWAYS EDGE DR</u>		Street Address <u>213 FAIRWAYS EDGE DR</u>	
City <u>ST. MARYS</u>	State <u>GA</u>	Zip <u>31558</u>	
Director Name		Director Name	
Street Address		Street Address	
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 <u>1</u>	CLASS/SERIES <u>COMMON</u>
		PAR VALUE <u>NO PAR</u>	
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 <u>ILENE MOORE, PRESIDENT/OWNER</u>		Date <u>1/24/19</u>	
Signature of Authorized Representative <u>Ilene Moore</u>		SIGN DOCUMENT HERE FILED	

JAN 28 2019 3:00
KLCVEC7