



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.

1. Entity ID Number 134749		2. Exact name of the Corporation NUGENT MARKETING GROUP INC			
3. Principal Office Address 127 ASHTON AVENUE			City NORTH KINGSTOWN	State RI	Zip 02852
4. NAICS Code 541613	6. Brief description of the character of business conducted in Rhode Island SALES AND MARKETING				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BERNARD NUGENT			Vice-President Name KATHLEEN NUGENT		
Street Address 127 ASHTON AVENUE			Street Address 127 ASHTON AVENUE		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name KATHLEEN NUGENT			Treasurer Name BERNARD NUGENT		
Street Address 127 ASHTON AVENUE			Street Address 127 ASHTON AVENUE		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name BERNARD NUGENT			Director Name KATHLEEN NUGENT		
Street Address 127 ASHTON AVENUE			Street Address 127 ASHTON AVENUE		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
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
			600	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 BERNARD NUGENT				Date 1/29/2019	
Signature of Authorized Representative 				<div style="text-align: center;"> FILED FEB 01 2019 BY 1065 DS </div>	
<div style="text-align: center;"> <small>STATE OF RHODE ISLAND</small> <small>DEPARTMENT OF STATE - BUSINESS SERVICES DIVISION</small> </div>					