




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 <b>559033</b>		2. Exact name of the Corporation <b>Retromedia, Inc.</b>			
3. Principal Office Address <b>20 Cedar Swamp Road Unit 8</b>		City <b>Smithfield</b>		State <b>RI</b>	Zip <b>02917</b>
4. NAICS Code <b>541830</b>		6. Brief description of the character of business conducted in Rhode Island <b>media conversion</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Edmund D. DiMeglio</b>			Vice-President Name <b>None</b>		
Street Address <b>785 Washington Street</b>			Street Address		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City	State	Zip
Secretary Name <b>Louis P. Leta, III</b>			Treasurer Name <b>Louis P. Leta, III</b>		
Street Address <b>96 Mount Blue Street</b>			Street Address <b>96 Mount Blue Street</b>		
City <b>Norwell</b>	State <b>MA</b>	Zip <b>02061</b>	City <b>Norwell</b>	State <b>MA</b>	Zip <b>02061</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			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 <span style="float: right;">10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		Common	
		PAR VALUE		\$ .50	
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.					
<b>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.</b>					
Name of Authorized Representative <b>Edmund D. DiMeglio, President</b>					Date <b>2/4/19</b>
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

**FILED**

FEB 08 2019

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