



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.

FILED
STAMP
FEB 21 2019
BY 10951
[Signature]

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 ☐					
President Name Kelly M. Coates			Vice-President Name Sheryl Carpianto		
Street Address 1414 Atwood Avenue			Street Address 1414 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Angelo Marocco, Esq.			Treasurer Name Gary Famiglietti		
Street Address 1200 Reservoir Avenue			Street Address 1414 Atwood Avenue		
City Cranston	State RI	Zip 02920	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 Check the box to indicate an attachment ☐					
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. 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 Kelly M. Coates <i>[Signature]</i>					Date 1/30/19
Signature of Authorized Representative					
SIGN DOCUMENT HERE					