



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

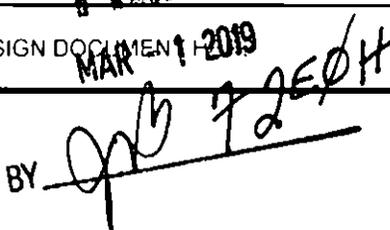
Annual Report for the year: 2019 Corporation

- 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 MAR -1 AM 11:54

STAMP

FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number 100672		2. Exact name of the Corporation RAWSON MARKETING CORP.			
3. Principal Office Address 2417 Mendon Road		City Woonsocket		State RI	Zip 02895
4. NAICS Code 541611		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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			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
			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 JOSEPH A. LAMAGNA, PRESIDENT				Date February 19, 2019	
Signature of Authorized Representative 				FILED SIGN DOCUMENT 1-2019 MAR 7 2019 BY 	

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