



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
 MAR 25 2019
 3465

1. Entity ID Number 138036		2. Exact name of the Corporation Marty Doyle Photography, Inc.			
3. Principal Office Address 200 Sargent Street			City Warwick	State RI	Zip 02888
4. NAICS Code 541921		6. Brief description of the character of business conducted in Rhode Island Commercial Photography			
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 Martin Doyle			Vice-President Name Martin Doyle		
Street Address 58 Maple Lane			Street Address 58 Maple Lane		
City Rehoboth	State MA	Zip 02876	City Rehoboth	State MA	Zip 02876
Secretary Name Martin Doyle			Treasurer Name Martin Doyle		
Street Address 58 Maple Lane			Street Address 58 Maple Lane		
City Rehoboth	State MA	Zip 02876	City Rehoboth	State MA	Zip 02876
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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			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
			100		-0-
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 Martin Doyle				Date 3-21-19	
Signature of Authorized Representative SIGN DOCUMENT HERE					