



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

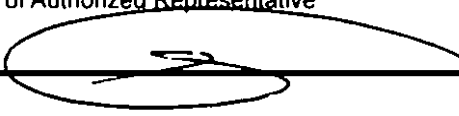
Annual Report for the year: **2020**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED TAMP

JAN 22 2020

BY 1476 DS

1. Entity ID Number 000068369		2. Exact name of the Corporation ILLUMI, INC.			
3. Principal Office Address 30 HOUGHTON STREET		City PROVIDENCE		State RI	Zip 02904
4. NAICS Code 423940		6. Brief description of the character of business conducted in Rhode Island DESIGN, MANUFACTURE & DISTRIBUTION OF FUNCTIONAL ART, INSPIRATIONAL GIFTS (RELIGIOUS) AND JEWELRY			
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 MERLEANN MAINELLI POULTON			Vice-President Name MATTHEW ROBERT MAINELLI		
Street Address 1843 OLD LOUISQUISSET PIKE			Street Address 5 LAMPERCOCK LANE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name MERLEANN MAINELLI POULTON			Treasurer Name MATTHEW ROBERT MAINELLI		
Street Address 1843 OLD LOUISQUISSET PIKE			Street Address 5 LAMPERCOCK LANE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIALS	PAR VALUE	
		2000	CNP	\$0.00	
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. <i>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.</i>					
Name of Authorized Representative Merleann Mainelli Poulton				Date 1/15/2020	
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

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

FORM 630 - Revised: 10/2017