



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

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

FILED
 JAN 30 2020 *SR*
 142

- 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 000490002		2. Exact name of the Corporation VALENTINO PHOTOGRAPHY, INC.			
3. Principal Office Address 149 PLEASANT STREET		City CRANSTON		State RI	Zip 02910
4. NAICS Code 541922		6. Brief description of the character of business conducted in Rhode Island PHOTOGRAPHY SERVICES - WEDDINGS & PORTRAITS			
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 THOMAS VALENTINO			Vice-President Name THOMAS VALENTINO		
Street Address 149 PLEASANT STREET			Street Address 149 PLEASANT STREET		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
Secretary Name THOMAS VALENTINO			Treasurer Name THOMAS VALENTINO		
Street Address 149 PLEASANT STREET			Street Address 149 PLEASANT STREET		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
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
			1,000		STK
			PAR VALUE		\$1.00
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 THOMAS VALENTINO					Date 1/27/20
Signature of Authorized Representative <i>Thomas Valentino</i>					DATE OF SIGNATURE 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