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

FILED
FEB 04 2020 PM
BY 10842-DS

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.

1. Entity ID Number	2. Exact name of the Corporation
42042	Media Pro International LTD

3. Principal Office Address	City	State	Zip
41 Memorial Boulevard #1	Newport	RI	02840

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541820	public relations firm specializing in event PR for sailing and motorsports
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Barbara Lyon MacGowan	n/a
Street Address: 76 Center Avenue	Street Address:
City: Middletown / State: RI / Zip: 02842	City / State / Zip:
Secretary Name: n/a	Treasurer Name: n/a
Street Address:	Street Address:
City / State / Zip:	City / State / Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
n/a	n/a
Street Address:	Street Address:
City / State / Zip:	City / State / Zip:
Director Name: n/a	Director Name: n/a
Street Address:	Street Address:
City / State / Zip:	City / State / Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	non	n/a	n/a

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	Date
Barbara Lyon MacGowan	2/4/2020

Signature of Authorized Representative: Barbara Lyon MacGowan 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