



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

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2020 MAR -3 A 9:54

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 000095534		2. Exact name of the Corporation Advantage Marketing Information Inc			
3. Principal Office Address 66 Walnut Road			City N. Kingstown	State RI	Zip 02852
4. NAICS Code 541613		6. Brief description of the character of business conducted in Rhode Island providing Broad marketing advice and gathering of market research			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Richard F Nagele (sole officer)			Vice-President Name		
Street Address 66 Walnut Rd			Street Address		
City N. Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Richard F Nagele (sole)			Director Name		
Street Address 66 Walnut Road			Street Address		
City N. Kingstown	State RI	Zip 02852	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES	PAR VALUE \$1	
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 Richard F Nagele				Date 3/3/20	
Signature of Authorized Representative <i>[Signature]</i>					

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

MAR 03 2020

BY CM MY HVB FORM 630 - Revised: 02/2017
10:00/

FILED