



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

Annual Report for the year: 2020
 Corporation

STAMP

- 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 64777		2. Exact name of the Corporation DIG MARKETING INC.			
3. Principal Office Address P.O. Box 16484			City RUNFORD	State RI	Zip 02916
4. NAICS Code 541611		6. Brief description of the character of business conducted in Rhode Island SACET / CONSULTING			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GACE G. HANNA			Vice-President Name DAVID L. HANNA JR		
Street Address P.O. Box 16484 10 HANNING ST			Street Address P.O. Box 16484 10 HANNING ST		
City RUNFORD	State RI	Zip 02916	City RUNFORD	State RI	Zip 02916
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 GACE G. HANNA			Director Name DAVID L. HANNA JR		
Street Address P.O. Box 16484			Street Address P.O. Box 16484		
City RUNFORD	State RI	Zip 02916	City RUNFORD	State RI	Zip 02916
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		
			1,000		000
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 DAVID L. HANNA JR.				Date 7/27/20	
Signature of Authorized Representative 				SIGN DOCUMENT HERE: FILED	

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

FILED
 JUL 28 2020
 BY **1571 AA**