RI SOS Filing Number: 202188108620 Date: 1/27/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JAN 27 2021

BY 5530 DS

Annual Report for the year: 2021

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
507937	**eLume Marketing, Inc.**

3. Principal Office Address	City	State	Zip
50 Nashua Street	**Providence**	**RI**	**02904**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
561410	**Document preparation services, printing, related services and business.**
5. State of Incorporation: **Rhode Island**	

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

President Name: **Robert A. Annaldo**			Vice-President Name: **Robert A. Annaldo**		
Street Address: **50 Nashua Street**			Street Address: **50 Nashua Street**		
City: **Providence**	State: **RI**	Zip: **02904**	City: **Providence**	State: **RI**	Zip: **02904**
Secretary Name: **Robert A. Annaldo**			Treasurer Name: **Robert A. Annaldo**		
Street Address: **50 Nashua Street**			Street Address: **50 Nashua Street**		
City: **Providence**	State: **RI**	Zip: **02904**	City: **Providence**	State: **RI**	Zip: **02904**

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

Director Name: **Robert A. Annaldo**			Director Name		
Street Address: **50 Nashua Street**			Street Address		
City: **Providence**	State: **RI**	Zip: **02904**	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	**100**	**Common**	**No Par**
Changes require an additional filing.			

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
Robert A. Annaldo, President	1/18/21

Signature of Authorized Representative: Robert A. Annaldo 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