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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	**Common**	**No Par**

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