



State of Rhode Island
Department of State - Business Services Division

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 000086564		2. Exact name of the Corporation MOORE MEDIA, INC			
3. Principal Office Address 1/0 213 FAIRWAYS EDGE DRIVE			City SAINT MARYS	State GA	Zip 31558
4. NAICS Code 541830		6. Brief description of the character of business conducted in Rhode Island MEDIA PLANNING + BUYING SERVICE FOR VARIETY OF CLIENTS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ILENE MOORE			Vice-President Name		
Street Address 213 FAIRWAYS EDGE DRIVE			Street Address		
City ST. MARYS	State GA	Zip 31558	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 ILENE MOORE			Director Name DENNIS MOORE		
Street Address 213 FAIRWAYS EDGE DR			Street Address 213 FAIRWAYS EDGE DR		
City ST. MARYS	State GA	Zip 31558	City ST. MARYS	State GA	Zip 31558
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	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 ILENE MOORE, PRESIDENT/OWNER				Date 1/22/2021	
Signature of Authorized Representative <i>Ilene Moore</i>				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

JAN 28 2021 KM

BY 10691