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State of Rhode Island

Department of State - Business Services Division

FILED

FEB 05 2021

BY 202285

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
102105	Direct Mail Manager, Inc.

3. Principal Office Address	City	State	Zip
800 Aquidneck Ave	Middletown	RI	02842

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
561990	operation of direct mailing and mass mailing services
5. State of Incorporation: Rhode Island	

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

President Name	Vice-President Name
Holly B. Levine	Andrew M. Levine
Street Address: 800 Aquidneck Ave	Street Address: 800 Aquidneck Ave
City: Middletown, State: RI, Zip: 02842	City: Middletown, State: RI, Zip: 02842
Secretary Name: Holly B. Levine	**Treasurer Name:** Andrew M. Levine
Street Address: 800 Aquidneck Ave	Street Address: 800 Aquidneck Ave
City: Middletown, State: RI, Zip: 02842	City: Middletown, State: RI, Zip: 02842

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

Director Name	Director Name
Holly B. Levine	Andrew M. Levine
Street Address: 800 Aquidneck Ave	Street Address: 800 Aquidneck Ave
City: Middletown, State: RI, Zip: 02842	City: Middletown, State: RI, Zip: 02842
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	200	common	no par value

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
Holly B. Levine	February 2, 2021

Signature of Authorized Representative: Holly Levine

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: 08/2020