



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

MAR 1 2021

5677

- 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 000128579 | | 2. Exact name of the Corporation EDWARD ANTHONY DELGRANDE INFOTAINMENT, INC. | | | |
| 3. Principal Office Address 83 RIDGE ROAD | | City SMITHFIELD | | State RI | Zip 02917 |
| 4 NAICS Code <i>72 54910</i> | 6. Brief description of the character of business conducted in Rhode Island MEDIA PERSONALITY | | | | |
| 5 State of Incorporation RHODE ISLAND | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name EDWARD ANTHONY DELGRANDE | | | Vice-President Name EDWARD ANTHONY DELGRANDE | | |
| Street Address 83 RIDGE ROAD | | | Street Address 83 RIDGE ROAD | | |
| City SMITHFIELD | State RI | Zip 02917 | City SMITHFIELD | State RI | Zip 02917 |
| Secretary Name EDWARD ANTHONY DELGRANDE | | | Treasurer Name EDWARD ANTHONY DELGRANDE | | |
| Street Address 83 RIDGE ROAD | | | Street Address 83 RIDGE ROAD | | |
| City SMITHFIELD | State RI | Zip 02917 | City SMITHFIELD | State RI | Zip 02917 |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | 10. Shares Issued | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | |
| | | 100 | COMMON/VOTING | 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 EDWARD A. DELGRANDE | | | | Date 1/18/2021 | |
| Signature of Authorized Representative <i>Edward A. DelGrande</i> | | | | | |

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov