



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.

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R.I. DEPT. OF STATE
BUS. SERVICES DIV.
2021 DEC 13 PM 2:58
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1. Entity ID Number 001677412		2. Exact name of the Corporation Summit Web Adventures, Inc.			
3. Principal Office Address 48 RESERVOIR AVENUE		City JOHNSTON		State RI	Zip 02919
4. NAICS Code 541613		6. Brief description of the character of business conducted in Rhode Island MARKETING CONSULTING AND DESIGN SERVICES. TITLE: 7-1.2			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name DARREN MICHAEL MARINELLI			Vice-President Name		
Street Address 48 RESERVOIR AVENUE			Street Address		
City Johnston	State RI	Zip 02919	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 ☐					
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 Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES CLASS:SERIES PAR VALUE		
			1000	CNP	1
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 Darren Michael Marinelli				Date 12/5/21	
Signature of Authorized Representative 					

FILED

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