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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

FEB 10 2022

5825

1. Entity ID Number 000507937		2. Exact name of the Corporation eLume Marketing, Inc.												
3. Principal Office Address 50 Nashua Street			City Providence	State RI	Zip 02904									
4. NAICS Code 561410		6. Brief description of the character of business conducted in Rhode Island Document preparation services, printing, related services and business.												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name Robert A. Annaldo			Vice-President Name Tina M. 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 Tina M. 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
This information is currently of record in the Department of State.  Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par			
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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. <i>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.</i>														
Name of Authorized Representative Robert A. Annaldo, President					Date 2/1/2022									
Signature of Authorized Representative <i>Robert A. Annaldo</i>														

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: 11/2021