



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

**Annual Report for the year: 2022**  
**Corporation**

MAY 05 2022

BY Y6928

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

1. Entity ID Number <b>61029</b>		2. Exact name of the Corporation <b>Broadcast Promotions, Inc.</b>			
3. Principal Office Address <b>260 West Exchange Street, Suite 202</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
4. NAICS Code <b>541830</b>		6. Brief description of the character of business conducted in Rhode Island <b>To create promotions and sweepstakes for the broadcast industry and direct marketing agency</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Edward Valenti</b>			Vice-President Name <b>James J. Cooney, Jr.</b>		
Street Address <b>1775 Bald Hill Road</b>			Street Address <b>1775 Bald Hill Road</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
Secretary Name <b>Edward Valenti</b>			Treasurer Name <b>James J. Cooney, Jr.</b>		
Street Address <b>1775 Bald Hill Road</b>			Street Address <b>1775 Bald Hill Road</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>200</b>		<b>Common</b>	<b>No Par Value</b>
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 <b>James J. Cooney, Jr. VP</b>					Date <b>4-5-22</b>
Signature of Authorized Representative 					

MAIL TO:  
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