

State of Rhode Island

Department of State - Business Services Division

Annua	l Report	for t	he y	year:
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2023

Corporation

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

RECEIVED R.I. DEPT. OF STATE SUS SYCS BIV

→ Penalty: Additional \$25.00	0 fee if form is not t	filed by May 31.		7073	IAN 2 0 E				
Entity ID Number		2. Exact name of the Corporation							
487506	AMERIO	AMERICAN MARKETING CO. /NC.							
3. Principal Office Address	2	-	City		State	Zip			
6 KENMORE	WAY		LINCOL	. N	RI	2ip 02865			
4 NAICS Code 6 Brief description of the character of business conducted in Rhode Island									
425120	425120 MANUFACTURE'S REPRESENTATIVE SAZES								
5. State of Incorporation	ate of Incorporation AND MARKETING								
RI									
7. List ALL officers (names and a	Check the box to indicate an attachment								
President Name DENNIS G. MORSICLI			Vice-President Name						
Street Address 6 KENMORE WAY			Street Address						
City LINCOLN	State R.I	Zip 02865	City		State	Zip			
Secretary Name			Treasurer Name						
Street Address		Street Address							
City	State	Zip	City		State	Zip			
8. List ALL directors (names and	l addresses)		<u> </u>	Check t	he box to indic	ate an attachment 🔲			
Director Name DENDIS G. MORSILLI Street Address		Director Name							
6 KENMORE WAY			Street Address						
City LIN COLN	State RI	02865	City		State	Zip			
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	City		State	Zip			
9. Shares Authorized		10. Shares Issue	Check the box to indicate an attachment []						
This information is currently of re Department of State.	cord in the	NUMBER OF S		CLASS/SERIES		PAR VALUE			
Changes require an additional filing.		100							
		-							
11. This report must be executed	d on behalf of the co	prporation by an au	thorized represent	ative. If the corpor	ation is in the I	nands of a receiver or			
trustee, this report must be exec Under penalty of perjury, I dec	tuted on behalf of the	e corporation by th	e receiver or truste	e.		dulas and			
statements, and that all staten	nents contained he	erein are true and	correct.	ding any accom	panying sche	dules and			
Name of Authorized Representative Date									
DENNIS G. MORSICLI 1/30/23									
Signature of Authorized Representative									
Redrais & Mousille									
All 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