



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

2023

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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BUS SVCS DIV

2023 JAN 23 AM 11:09

1. Entity ID Number 001684570		2. Exact name of the Corporation Fonzanoon, Inc.			
3. Principal Office Address c/o MLM 888 Seventh Avenue 4th Fl			City New York	State NY	Zip 10106
4. NAICS Code 711510		6. Brief description of the character of business conducted in Rhode Island Entertainment Services			
5. State of Incorporation California					
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment <input type="checkbox"/>					
President Name J. Theo Rossi			Vice-President Name		
Street Address c/o MLM 888 Seventh Avenue, 4th Fl			Street Address		
City New York	State NY	Zip 10106	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment <input type="checkbox"/>					
Director Name J. Theo Rossi			Director Name		
Street Address c/o MLM 888 Seventh Avenue, 4th Fl			Street Address		
City New York	State NY	Zip 10106	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <input type="checkbox"/> Check the box to indicate an attachment <input type="checkbox"/>		
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	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 J. Theo Rossi				Date 7/13/2022	
Signature of Authorized Representative 					

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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

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BY 05-025A.A.
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