



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED
R.I. DEPT. OF STATE
BUS SVCS DIV

Annual Report for the year: 2022
Corporation

2023 JAN 23 AM 11:09

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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) ()					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) ()					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 ()				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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JAN 23 2023

BY 05025
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MAIL TO:
Division of Business Services
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