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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

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

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

2023 JAN 23 AM 11:08

1. Entity ID Number 001684570		2. Exact name of the Corporation Fonzanoon, Inc.			
3. Principal Office Address c/o M.I.M 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 M.I.M 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 M.I.M 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 					

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
 JAN 23 2023
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 FORM 630 - Revised: 10/2017