



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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

FILED STAMP
JAN 23 2023
BY 1507 OS

1. Entity ID Number 000068369		2. Exact name of the Corporation ILLUMI, INC			
3. Principal Office Address 30 HOUGHTON STREET			City PROVIDENCE	State RI	Zip 02904
4. NAICS Code 423940		6. Brief description of the character of business conducted in Rhode Island DESIGN, MANUFACTURE & DISTRIBUTION OF FUNCTIONAL ART, INSPIRATIONAL GIFTS (RELIGIOUS) AND JEWELRY			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MERLEANN MAINELLI POULTON			Vice-President Name MATTHEW ROBERT MAINELLI		
Street Address 1843 OLD LOUISQUISSET PIKE			Street Address 5 LAMPERCOCK LANE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name MERLEANN MAINELLI POULTON			Treasurer Name MATTHEW ROBERT MAINELLI		
Street Address 1843 OLD LOUISQUISEST PIKE			Street Address 5 LAMPERCOCK LANE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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 VALUL
		2000		CNP	0.00
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 MATTHEW MAINELLI					Date 1/18/23
Signature of Authorized Representative <i>Matthew Mainelli</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov