



Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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

FEB 24 2023

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STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number <u>000086564</u>		2. Exact name of the Corporation <u>MOORE MEDIA, INC</u>			
3. Principal Office Address <u>213 FAIRWAYS EDGE DR.</u>		City <u>SAINT MARYS</u>		State <u>GA</u>	Zip <u>31558</u>
4. NAICS Code <u>541830</u>		6. Brief description of the character of business conducted in Rhode Island <u>MEDIA PLANNING + BUYING SERVICE</u> <u>FOR VARIETY OF BUSINESSES</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>ILENE MOORE</u>			Vice-President Name <u>NONE</u>		
Street Address <u>213 FAIRWAYS EDGE DR.</u>			Street Address		
City <u>ST. MARYS</u>	State <u>GA</u>	Zip <u>31558</u>	City	State	Zip
Secretary Name <u>NONE</u>			Treasurer Name <u>NONE</u>		
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 <u>ILENE MOORE</u>			Director Name <u>DENNIS MOORE</u>		
Street Address <u>213 FAIRWAYS EDGE DR</u>			Street Address <u>213 FAIRWAYS EDGE DR</u>		
City <u>ST. MARYS</u>	State <u>GA</u>	Zip <u>31558</u>	City <u>ST. MARYS</u>	State <u>GA</u>	Zip <u>31558</u>
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
		<u>1</u>		<u>COMMON</u>	<u>NO PAR</u>
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. <u>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.</u>					
Name of Authorized Representative <u>ILENE MOORE, PRESIDENT/OWNER</u>				Date <u>2/13/23</u>	
Signature of Authorized Representative <u>Ilene Moore</u>					