



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

MAR 15 2023

BY *279 DS*

1. Entity ID Number 559033		2. Exact name of the Corporation Retromedia, Inc.			
3. Principal Office Address 20 Cedar Swamp Road Unit 8		City Smithfield		State RI	Zip 02917
4. NAICS Code 541830		6. Brief description of the character of business conducted in Rhode Island media conversion			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Edmund D. DiMeglio			Vice-President Name None		
Street Address 785 Washington Street			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name Louis P. Leta, III			Treasurer Name Louis P. Leta, III		
Street Address 96 Mount Blue Street			Street Address 96 Mount Blue Street		
City Norwell	State MA	Zip 02061	City Norwell	State MA	Zip 02061
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100	Common	\$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 Edmund D. DiMeglio, President					Date 3-1-23
Signature of Authorized Representative <i>Edmund D. DiMeglio</i>					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021