



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

MAR 17 2023
 BY 5619
 BS

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

1. Entity ID Number 000144482		2. Exact name of the Corporation Finishline Promotions & Manufacturing, Inc.			
3. Principal Office Address 27 Echo Lane			City Cranston	State RI	Zip 02921
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island To purchase, hold, sell, operate and manage real property.			
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 Anthony Mercurio			Vice-President Name Anthony Mercurio		
Street Address 27 Echo Lane			Street Address 27 Echo Lane		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
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			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 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 Anthony Mercurio				Date 3-8-23	
Signature of Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov