RI SOS Filing Number: 202332745950 Date: 4/11/2023 4:00:00 PM

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.

STAMP
RECEIVED
SECRETARY OF STATE
USE ONLY

1. Entity ID Number	2. Exact name of the Corporation			
000121157	**Matrix Sales & Marketing, Inc.**			
3. Principal Office Address		City	State	Zip
PO Box 622		**Campton**	**NH**	**03223**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
424410	**provide sales and marketing services**			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Stephen A. DelBonis					
Street Address			Street Address		
PO Box 622					
City	State	Zip	City	State	Zip
Campton	**NH**	**03223**			
Secretary Name			Treasurer Name		
Stephen A. DelBonis			**Stephen A. DelBonis**		
Street Address			Street Address		
PO Box 622			**PO Box 622**		
City	State	Zip	City	State	Zip
Campton	**NH**	**03223**	**Campton**	**NH**	**03223**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	**300**	**Common Shares**	**with 0.00 Par Value**
Changes require an additional filing.			

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	Date
Stephen A. DelBonis	4/3/23

Signature of Authorized Representative

FILED

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

APR 11 2023
BY ML 1495

FORM 630 - Revised: 11/2021