



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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 APR 18 P 2:40

1. Entity ID Number 64777		2. Exact name of the Corporation D&G MARKETING, INC			
3. Principal Office Address P.O. Box 16484		City RUNFORD	State R.I.	Zip 02916	
4. NAICS Code 541611		6. Brief description of the character of business conducted in Rhode Island SALES/CONSULTING			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVID HANNA			Vice-President Name DAVID HANNA		
Street Address P.O. Box 16484			Street Address P.O. Box 16484		
City RUNFORD	State R.I.	Zip 02916	City RUNFORD	State R.I.	Zip 02916
Secretary Name DAVID HANNA			Treasurer Name DAVID HANNA		
Street Address P.O. Box 16484			Street Address P.O. Box 16484		
City RUNFORD	State R.I.	Zip 02916	City RUNFORD	State R.I.	Zip 02916
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DAVID HANNA			Director Name N/A		
Street Address 10 HATFORD ST			Street Address		
City RUNFORD	State R.I.	Zip 02916	City	State	Zip
Director Name N/A			Director Name N/A		
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
			1,000		0.10
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 DAVID L HANNA JR.				Date 4/18/23	
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

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