



State of Rhode Island
Department of State - Business Services Division

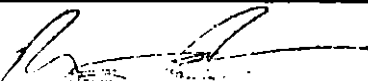
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R.I. DEPT. OF STATE
BUS SVCS DIV

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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.

1. Entity ID Number 1684594		2. Exact name of the Corporation PHOENIX MARKETING & ADVERTISING INC			
3. Principal Office Address 64 DEWEY STREET		City WORCESTER		State MA	Zip 01610
4. NAICS Code 711300		6. Brief description of the character of business conducted in Rhode Island PROMOTION			
5. State of Incorporation MASSACHUSETTS					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT RIOS			Vice-President Name		
Street Address 38 JORDAN RD			Street Address		
City HOLDEN	State MA	Zip 01520	City	State	Zip
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 ROBERT RIOS			Director Name		
Street Address 38 JORDAN RD			Street Address		
City HOLDEN	State MA	Zip 01520	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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 200	CLASS/SERIES CWP	PAR VALUE \$2.00
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 ROBERT RIOS					Date 7/12/23
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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BY **PCHZQ** FORM 630- Revised: 04/2023
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