



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Corporation

2021

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2023 OCT 31 AM 11:27

1. Entity ID Number 148673		2. Exact name of the Corporation Atm Marketing, Inc			
3. Principal Office Address 4 Warner Ave 1st Flr			City North Providence	State RI	Zip 02919
4. NAICS Code 541613		6. Brief description of the character of business conducted in Rhode Island Consulting + marketing to Business AND Entrepreneurs			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John M Centracchio			Vice-President Name		
Street Address 5 Woodcrest Dr			Street Address		
City Johnston	State RI	Zip 02919	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			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
			600		1.00
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 John M Centracchio				Date 10/31/23	
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

OCT 31 2023
BY ML BAQYD
FORM 630- Revised 04/2023

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