



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2015  
Corporation

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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.

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|   |                    |  |                                 |                         |                     |
|---|--------------------|--|---------------------------------|-------------------------|---------------------|
| 1. Entity ID Number<br><u>148673</u>  |                    | 2. Exact name of the Corporation<br><u>Atm Marketing, Inc</u>  |                                 |                         |                     |
| 3. Principal Office Address<br><u>4 Warner Ave 1st Flr</u>  |                    |  | City<br><u>North Providence</u> | State<br><u>RI</u>      | Zip<br><u>02919</u> |
| 4. NAICS Code<br><u>541613</u>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><u>Consulting + marketing to Business And Entrepreneurs</u> |                                 |                         |                     |
| 5. State of Incorporation<br><u>RI</u>  |                    |  |                                 |                         |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |                                 |                         |                     |
| President Name<br><u>John M Centracchio</u>   |                    |  | Vice-President Name             |                         |                     |
| Street Address<br><u>5 Woodcrest Dr</u>   |                    |  | Street Address                  |                         |                     |
| City<br><u>Johnston</u>   | State<br><u>RI</u> | Zip<br><u>02919</u>  | City                            | State                   | Zip                 |
| Secretary Name  |                    |  | Treasurer Name                  |                         |                     |
| Street Address  |                    |  | Street Address                  |                         |                     |
| City  | State              | Zip  | City                            | State                   | Zip                 |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |                                 |                         |                     |
| 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                      |                                 |                         |                     |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |                    | NUMBER OF SHARES   |                                 | CLASS/SERIES            | PAR VALUE           |
|   |                    | <u>600</u>   |                                 |                         | <u>1.00</u>         |
| 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. |                    |  |                                 |                         |                     |
| <b>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.</b>                                       |                    |  |                                 |                         |                     |
| Name of Authorized Representative<br><u>John M Centracchio</u>  |                    |  |                                 | Date<br><u>10/31/23</u> |                     |
| Signature of Authorized Representative<br><u>[Signature]</u>  |                    |  |                                 |                         |                     |

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 BAGYD

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