



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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- 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 001761377		2. Exact name of the Corporation DEMG, Inc.			
3. Principal Office Address 215 Niantic Avenue			City Cranston	State RI	Zip 02907
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island Business Management			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ernest R. Rapoza			Vice-President Name Alison M. Rapoza		
Street Address 215 Niantic Avenue			Street Address 215 Niantic Avenue		
City Cranston	State RI	Zip 02907	City Cranston	State RI	Zip 02907
Secretary Name John J. Rapoza			Treasurer Name Alison M. Rapoza		
Street Address 215 Niantic Avenue			Street Address 215 Niantic Avenue		
City Cranston	State RI	Zip 02907	City Cranston	State RI	Zip 02907
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 PAR VALUE			
		437.5 Common shares 1.00 ⁰¹ par value			
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 Ernest R. Rapoza			FILED 1152		Date 1-19-2024
Signature of Authorized Representative 			JAN 30 2024		

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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