



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 FEB 5 PM 1:47:31  
AMP

Annual Report for the year: 2024  
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 <b>000121157</b>			2. Exact name of the Corporation <b>Matrix Sales &amp; Marketing, Inc.</b>		
3. Principal Office Address <b>PO Box 622</b>			City <b>Campton</b>	State <b>NH</b>	Zip <b>03223</b>
4. NAICS Code <b>424410</b>		6. Brief description of the character of business conducted in Rhode Island <b>Provide sales and marketing services.</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Stephen A. DelBonis</b>			Vice-President Name		
Street Address <b>PO Box 622</b>			Street Address		
City <b>Campton</b>	State <b>NH</b>	Zip <b>03223</b>	City	State	Zip
Secretary Name <b>Stephen A. DelBonis</b>			Treasurer Name <b>Stephen A. DelBonis</b>		
Street Address <b>PO Box 622</b>			Street Address <b>PO Box 622</b>		
City <b>Campton</b>	State <b>NH</b>	Zip <b>03223</b>	City <b>Campton</b>	State <b>NH</b>	Zip <b>03223</b>
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.  Changes require an additional filing.			NUMBER OF SHARES      CLASS/SERIES      PAR VALUE		
			<b>300      Common Shares      no par value</b>		
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 <b>Stephen A. DelBonis</b>			FILED		Date <b>1/22/24</b>
Signature of Authorized Representative 			FEB 05 2024 BY <b>WIL 1511</b>		