RI SOS Filing Number: 202446615200 Date: 2/9/2024 4:00:00 PM

Annua

State of Rhode Island

Department of State - Business Services Division

Annual	Report	for the	year:	2024	
^					

Corporation

3 ₇₇	
RIDOS BSD	
SBSD	
, -	

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.				SD 4:41						
1. Entity ID Number 001735329	2. Exact name of the Corporation Apollo Management Corp.									
3. Principal Office Address	<u>'</u>		City		State	_	Zıp			
75A Eddie Dowling Highw	North:	Smithfield	RI		02896					
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island									
541618	Entertainment management									
5. State of Incorporation RI										
7. List ALL officers (names and add	resses)		T	Check the box	to indic	ate an atta	chment 🗆			
President Name Richard A. Lata	Vice-President Name									
Street Address 75A Eddie Dowling Highway				Street Address						
^{City} North Smithfield	State RI	^{Z₁p} 02896	City	City			Zip			
Secretary Name Richard A. Lataille			Treasurer Name Richard A. Lataille							
Street Address 75A Eddie Dowling Highway			Street Address 75A Eddie Dowling Highway							
^{City} North Smithfield	State RI	^{Zıp} 02896	City North Smithfield		State RI		^{Zip} 02896			
8. List ALL directors (names and ad	ldresses)		IDica et ac No	Check the box	cto indic	ate an atta	achment 🔲			
Director Name			Director Na	arre:						
Street Address			Street Address							
City	State	7 гр	City		State		Zip			
Director Name	•		Director Name							
Street Address		Street Address								
City	State	Zıp	City	City			Zip			
9. Shares Authorized	1	10. Shares Issued		Check the box to indicate an attachment						
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		C_ASS/SERIES	\$.01					
				· -						
	n behalf of the co	 progration by an a	uthorized rep	I presentative. If the corpora	ation is i	n the hand	ls of a re-			
ceiver or trustee, this report must be Under penalty of perjury, I declar	re and affirm tha	nt I have examine	d this repor		anying	schedule	s and			
statements, and that all statements Name of Authorized Representative	<u>nts contained ho</u> e	erein are true and	d correct.		Date					
Richard A. Lataille, President				FILED	1	27/2	.4			
Signature of Authorized Representa	ative P	resident		FEB -9₹20	24					
MAIL TO: Division of Business Services				BY M	703	<u> </u>				

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov