



State of Rhode Island
Department of State - Business Services Division

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.

REC'D
24 FEB 14 PM 1:18:39
STATE OF RHODE ISLAND
BUSINESS SERVICES DIVISION
MP

1. Entity ID Number 000851581		2. Exact name of the Corporation Music Market Group, Inc.			
3. Principal Office Address 1425 Kingstown Rodd, Unit 20			City Wakefield	State RI	Zip 02879
4. NAICS Code 711510		6. Brief description of the character of business conducted in Rhode Island Music Distribution			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Peter A. Mackey			Vice-President Name		
Street Address 1425 Kingstown Rodd, Unit 20			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Peter A. Mackey			Treasurer Name Peter A. Mackey		
Street Address 1425 Kingstown Rodd, Unit 20			Street Address 1425 Kingstown Rodd, Unit 20		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 200	CLASS/SERIES Common Shares	PAR VALUE 0.01 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 Peter A. Mackey				Date 2/4/2024	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
FEB 14 2024
BY **2553**