



**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.

FILED

FEB 14 2024

BY 10574

DS

1. Entity ID Number 507937		2. Exact name of the Corporation eLume Marketing, Inc.			
3. Principal Office Address 50 Nashua Street			City Providence	State RI	Zip 02904
4. NAICS Code 561410		6. Brief description of the character of business conducted in Rhode Island Document preparation services, printing, related services and business.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert A. Annaldo			Vice-President Name Tina M. Annaldo		
Street Address 50 Nashua Street			Street Address 50 Nashua Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name Tina M. Annaldo			Treasurer Name Robert A. Annaldo		
Street Address 50 Nashua Street			Street Address 50 Nashua Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert A. Annaldo			Director Name		
Street Address 50 Nashua Street			Street Address		
City Providence	State RI	Zip 02904	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		PAR VALUE
			100	Common	No Par
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 Robert A. Annaldo, President					Date 2/8/24
Signature of Authorized Representative <i>Robert A. Annaldo</i>					

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