



**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.

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------|------------------------|-----------|
| 1. Entity ID Number<br><b>487506</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                              | 2. Exact name of the Corporation<br><b>AMERICAN MARKETING CO. INC.</b>                                              |                     |                        |           |
| 3. Principal Office Address<br><b>6 KENMORE WAY</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                              | City<br><b>LINCOLN</b>                                                                                              | State<br><b>RI</b>  | Zip<br><b>02865</b>    |           |
| 4. NAICS Code<br><b>425120</b>                                                                                                                                                                                                                                                                                                                                                                                                                            | 6. Brief description of the character of business conducted in Rhode Island<br><b>MANUFACTURE'S REPRESENTATIVE / SALES<br/>AND MARKETING</b> |                                                                                                                     |                     |                        |           |
| 5. State of Incorporation<br><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<br><b>DENNIS G. MORSILLI</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              |                                                                                                                     | Vice-President Name |                        |           |
| Street Address<br><b>6 KENMORE WAY</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                              |                                                                                                                     | Street Address      |                        |           |
| City<br><b>LINCOLN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    | State<br><b>RI</b>                                                                                                                           | Zip<br><b>02865</b>                                                                                                 | City                | State                  | Zip       |
| Secretary Name                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                              |                                                                                                                     | Treasurer Name      |                        |           |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                              |                                                                                                                     | Street Address      |                        |           |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                      | State                                                                                                                                        | Zip                                                                                                                 | City                | State                  | Zip       |
| 8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                             |                                                                                                                                              |                                                                                                                     |                     |                        |           |
| Director Name<br><b>DENNIS G. MORSILLI</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |                                                                                                                     | Director Name       |                        |           |
| Street Address<br><b>6 KENMORE WAY</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                              |                                                                                                                     | Street Address      |                        |           |
| City<br><b>LINCOLN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    | State<br><b>RI</b>                                                                                                                           | Zip<br><b>02865</b>                                                                                                 | 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.<br><br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                              | NUMBER OF SHARES                                                                                                    |                     | CLASS/SERIES           | PAR VALUE |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                              | <b>100</b>                                                                                                          |                     |                        | <b>0</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.<br>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<br><b>DENNIS G. MORSILLI</b>                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                              |                                                                                                                     |                     | Date<br><b>2/16/24</b> |           |
| Signature of Authorized Representative<br><div style="display: flex; justify-content: space-between; align-items: center;"> <div> <b>FILED</b><br/> <b>MAR 01 2024</b><br/> <b>BY SW3HR</b><br/> <b>KS</b> </div> </div>                                                                                                                                                                                                                                  |                                                                                                                                              |                                                                                                                     |                     |                        |           |