



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 RIDOS BSD
24 MAR 1 PM 1:51:34

1. Entity ID Number <u>487506</u>	2. Exact name of the Corporation <u>AMERICAN MARKETING CO. INC.</u>		
3. Principal Office Address <u>6 KENMORE WAY</u>		City <u>LINCOLN</u>	State <u>RI</u>
		Zip <u>02865</u>	
4. NAICS Code <u>425120</u>	6. Brief description of the character of business conducted in Rhode Island <u>MANUFACTURE'S REPRESENTATIVE / SALES</u>		
5. State of Incorporation <u>RI</u>		<u>AND MARKETING</u>	

7. List ALL officers (names and addresses)						Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>DENNIS G. MORSILLI</u>						Vice-President Name					
Street Address <u>6 KENMORE WAY</u>						Street Address					
City <u>LINCOLN</u>		State <u>RI</u>		Zip <u>02865</u>		City		State		Zip	
Secretary Name						Treasurer Name					
Street Address						Street Address					
City		State		Zip		City		State		Zip	

8. List ALL directors (names and addresses)						Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>DENNIS G. MORSILLI</u>						Director Name					
Street Address <u>6 KENMORE WAY</u>						Street Address					
City <u>LINCOLN</u>		State <u>RI</u>		Zip <u>02865</u>		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		CLASS/SERIES	
		<u>100</u>		<u>-0</u>	

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 <u>DENNIS G. MORSILLI</u>	Date <u>2/16/24</u>
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Signature of Authorized Representative <u>Dennis G. Morsilli</u>	FILED <u>MAR 01 2024</u>
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