



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024

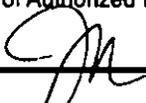
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 12 2024 TAMP

BY 5930 (DATE)
DS

1. Entity ID Number 000034303		2. Exact name of the Corporation Music Box, Inc.				
3. Principal Office Address 154 Thames Street			City Newport	State RI	Zip 02840	
4. NAICS Code 448150		6. Brief description of the character of business conducted in Rhode Island Retail music, clothing and accessories				
5. State of Incorporation RI						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name Jay Lasky			Vice-President Name Marcia Lasky Haber			
Street Address 154 Thames Street			Street Address 160 Thames Street			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840	
Secretary Name Robert Lasky			Treasurer Name Marc D. Lasky			
Street Address 154 Thames Street			Street Address 160 Thames Street			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840	
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				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	PAR VALUE	
		240		STK	\$1.00	
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 Joseph R. Marion III, Esq.					Date 3/11/24	
Signature of Authorized Representative 						

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov