



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 APR 30 PM 12:47:14
STAMP
FOR
STATE OF RHODE ISLAND
USE ONLY

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.

1. Entity ID Number <u>64777</u>		2. Exact name of the Corporation <u>D & G MARKETING, INC.</u>			
3. Principal Office Address <u>P.O. Box 16484</u>			City <u>RUNFORD</u>	State <u>RI</u>	Zip <u>02916</u>
4. NAICS Code <u>541611</u>		6. Brief description of the character of business conducted in Rhode Island <u>SALES CONSULTING</u>			
5. State of Incorporation <u>R.I.</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>David HANNA</u>			Vice-President Name <u>David HANNA</u>		
Street Address <u>10 HAMMOND ST</u>			Street Address <u>P.O. Box 16484 10/HAMMOND ST</u>		
City <u>RUNFORD</u>	State <u>RI</u>	Zip <u>02916</u>	City <u>RUNFORD</u>	State <u>RI</u>	Zip <u>02916</u>
Secretary Name <u>David HANNA</u>			Treasurer Name <u>David HANNA</u>		
Street Address <u>10 HAMMOND ST</u>			Street Address <u>10 HAMMOND ST</u>		
City <u>RUNFORD</u>	State <u>RI</u>	Zip <u>02916</u>	City <u>RUNFORD</u>	State <u>RI</u>	Zip <u>02916</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>DAVID HANNA</u>			Director Name <u>N/A</u>		
Street Address <u>10 HAMMOND ST</u>			Street Address		
City <u>RUNFORD</u>	State <u>RI</u>	Zip <u>02916</u>	City	State	Zip
Director Name <u>N/A</u>			Director Name <u>N/A</u>		
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
			<u>1,500</u>		<u>0.00</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>DAVID L HANNA</u>				Date <u>4/30/24</u>	
Signature of Authorized Representative <u>[Signature]</u>				APR 30 2024 BY <u>T86PV</u>	

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