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

**Annual Report for the year:** 2024  
**Limited Liability Company**

- 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<br><b>000489520</b>  |  | 2. Exact name of the Limited Liability Company<br><b>Spada Media, LLC</b>                       |                    |
| 3. NAICS Code<br><b>541820</b>   |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Marketing</b> |                    |
| 5. State of Formation<br><b>RI</b>   |  |   |                    |
| 6. Principal Office Address<br><b>116 Immokolee Drive C/O Nicole Milici</b>  |  | City<br><b>Portsmouth</b>   | State<br><b>RI</b> |
| Zip<br><b>02871</b>  |  |   |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |   |                    |
| Contact Name<br><b>Nicole Milici</b>   |  | Contact Title<br><b>Sole Member/Manager</b>   |                    |
| Street Address<br><b>116 Immokolee Drive</b>   |  | City<br><b>Portsmouth</b>   | State<br><b>RI</b> |
| Zip<br><b>02871</b>  |  |   |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.  |  |   |                    |
| 9. <i>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.</i> |  |   |                    |
| Name of Authorized Person<br><b>James S Gladney, Agent</b>   |  | Date<br><b>6/26/2024</b>  |                    |
| Signature of Authorized Person<br> Agent  |  |   |                    |

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JUN 27 2024  
BY KdB92

**MAIL TO:**  
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