



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

FILED

FFD 12 2025

BY 22060
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Annual Report for the year: 2025

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 000065817		2. Exact name of the Corporation A.M.G. INTERNATIONAL INVESTMENTS, INC.			
3. Principal Office Address 167 BLACK POINT LANE			City PORTSMOUTH	State RI	Zip 02871
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island INTERIOR DESIGN SERVICES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANGELA GIGUERE			Vice-President Name		
Street Address 425 WORTH AVE 4E			Street Address		
City PALM BEACH	State FL	Zip 33480	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 ANGELA GIGUERE			Director Name		
Street Address 425 WORTH AVE 4E			Street Address		
City PALM BEACH	State FL	Zip 33480	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/SERIS	PAR VALUE
		100	COMMON	10	
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 ANGELA GIGUERE				Date 2/7/25	
Signature of Authorized Representative 					