

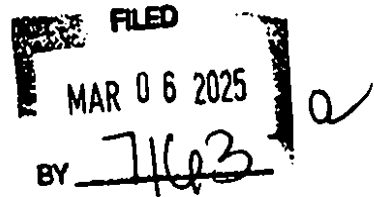


State of Rhode Island
Department of State - Business Services Division

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 83171		2. Exact name of the Corporation DelMonaco Productions, Ltd.	
3. Principal Office Address 95 Grand Avenue		City Pawtucket	State RI
		Zip 02861	
4. NAICS Code 561920	6. Brief description of the character of business conducted in Rhode Island Provide organization and decorative services for parties, functions and events, etc.		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Terry DelMonaco		Vice-President Name	
Street Address 95 Grand Avenue		Street Address	
City Pawtucket	State RI	Zip 02861	
Secretary Name Terry DelMonaco		Treasurer Name Terry DelMonaco	
Street Address 95 Grand Avenue		Street Address 95 Grand Avenue	
City Pawtucket	State RI	Zip 02861	
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	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 100	CLASS/SERIES Common
Changes require an additional filing.		PAR VALUE No Par Value	
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 Terry DelMonaco			Date 3-2-2025
Signature of Authorized Representative 			

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