

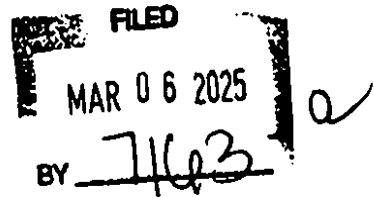


State of Rhode Island
Department of State - Business Services Division

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 ☐					
President Name Terry DelMonaco			Vice-President Name		
Street Address 95 Grand Avenue			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Secretary Name Terry DelMonaco			Treasurer Name Terry DelMonaco		
Street Address 95 Grand Avenue			Street Address 95 Grand Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100	Common	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