



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.

REC'D MP
RDDS BSD
APR 16 2025 11:44:27
STATE OF RHODE ISLAND

1. Entity ID Number 001780290		2. Exact name of the Corporation Dex Corp.			
3. Principal Office Address 17 Old Tunk Hill Road			City Foster	State RI	Zip 02825
4. NAICS Code 512110		6. Brief description of the character of business conducted in Rhode Island To create video content to be communicated with an audience, any ancillary purposes, and all other lawful purposes.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Karissa A. Manzi			Vice-President Name		
Street Address 17 Old Tunk Hill Road			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
Secretary Name Karissa A. Manzi			Treasurer Name Karissa A. Manzi		
Street Address 17 Old Tunk Hill Road			Street Address 17 Old Tunk Hill Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
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	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/SERIES		
			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 Karissa A. Manzi					Date 4/6/25
Signature of Authorized Representative 					FILED