



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

[LOGOUT](#)

**Business Corporation
Annual Report**

Filing Period: January 1 - March 1



Help with this form

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR:

1. Corporate ID No.

2. Name of Corporation

3. Street Address Principal Business Office:

No. and Street:

City or Town:

State:

Zip:

Country:

4. Business Phone No.

5. State of Incorporation

State:

6. Brief Description of the Character of Business Conducted in Rhode Island

SUPPLYING ART DIRECTORS OF AD AGENCIES WITH PRELIMINARY LAYOUTS, FREELANCE COMMERCIAL ARTIST; COMPS AND FINISHED ILLUSTRATIONS FOR PRESENTATION OR SALE TO THEIR CLIENTS

FILED
MAR 14 2008
By: *[Signature]*

7. Names and Addresses of the Officers and Directors:

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
☐	PRESIDENT	BRADFORD R KENDALL	217 SLATER AVENUE PROVIDENCE, RI 02906 USA
☐	Treasurer	Leigh N Kendall	217 Slater Avenue Providence, RI 02906 USA
☐	Director	Bradford R Kendall	217 Slater Avenue Providence, RI 02906 USA

Title:
 First Name: Middle Name: Last Name: Suffix:
 Address: City: State: Zip: Country:

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
CNP		\$0.00	1,000.00	1,000.00

9. 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.

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name:
 Business Name:
 No. and Street:
 City or Town: State: Zip: Country:
 Contact Phone: ext:
 Contact Email:

Please provide an email address to receive an expedited response from the Corporations Division if the filing is rejected for any reason. If no email address is provided, correspondence from the Division will be sent by mail.

Signed this 13 Day of March, 2008 at 2:13:15 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By
Signature of Authorized Representative of the Corporation

3/13/2008
 Title

FILED
 MAR 14 2008
 By 10218
 ID # 56328

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-1.2. You hereby agree that any legal issues or causes of action arising from the submission of this filing will be litigated under the statutes and common laws of the State of Rhode

☐ Accept

☐ Decline