



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
148 W. River St  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* 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.

|                                                                                                                                                                         |                     |                                                                     |                    |               |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------|--------------------|---------------|---------------|
| 1. Corporate ID No.<br><u>3718</u>                                                                                                                                      |                     | 2. Name of Corporation<br><u>Creative Marketing, Inc.</u>           |                    |               |               |
| 3. Street Address Principal Business Office<br><u>10 Dorrance St., Suite 630</u>                                                                                        |                     | City<br><u>Providence</u>                                           | State<br><u>RI</u> |               |               |
| 4. Business Phone No.<br><u>401-490-9280</u>                                                                                                                            |                     | 5. State of Incorporation<br><u>Rhode Island</u>                    |                    |               |               |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br><u>Collateral Print &amp; Promotional Marketing Sales and resale of graphic products</u> |                     |                                                                     |                    |               |               |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                       |                     |                                                                     |                    |               |               |
| President Name<br><u>Open</u>                                                                                                                                           |                     | Vice President Name<br><u>Bryan Ferguson</u>                        |                    |               |               |
| Street Address<br><u>10 Dorrance St., Suite 630</u>                                                                                                                     |                     | Street Address<br><u>127 Westcott Rd.</u>                           |                    |               |               |
| City<br><u>Providence</u>                                                                                                                                               | State<br><u>RI</u>  | City<br><u>Situate</u>                                              | State<br><u>RI</u> |               |               |
| Zip<br><u>02903</u>                                                                                                                                                     |                     | Zip<br><u>02857</u>                                                 |                    |               |               |
| Secretary Name<br><u>Michael P Ferguson</u>                                                                                                                             |                     | Treasurer Name<br><u>Michael P Ferguson</u>                         |                    |               |               |
| Street Address<br><u>10 Dorrance St., Suite 630</u>                                                                                                                     |                     | Street Address<br><u>10 Dorrance St., Suite 630</u>                 |                    |               |               |
| City<br><u>Providence</u>                                                                                                                                               | State<br><u>RI</u>  | City<br><u>Providence</u>                                           | State<br><u>RI</u> |               |               |
| Zip<br><u>02903</u>                                                                                                                                                     |                     | Zip<br><u>02857</u>                                                 |                    |               |               |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                      |                     |                                                                     |                    |               |               |
| Director Name<br><u>No Directors</u>                                                                                                                                    |                     | Director Name                                                       |                    |               |               |
| Street Address                                                                                                                                                          |                     | Street Address                                                      |                    |               |               |
| City                                                                                                                                                                    | State               | City                                                                | State              |               |               |
| Zip                                                                                                                                                                     |                     | Zip                                                                 |                    |               |               |
| Director Name                                                                                                                                                           |                     | Director Name                                                       |                    |               |               |
| Street Address                                                                                                                                                          |                     | Street Address                                                      |                    |               |               |
| City                                                                                                                                                                    | State               | City                                                                | State              |               |               |
| Zip                                                                                                                                                                     |                     | Zip                                                                 |                    |               |               |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                                                  |                     | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |               |               |
| AUTHORIZED SHARES                                                                                                                                                       |                     | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |                    |               |               |
| Number of Shares                                                                                                                                                        | Class/Series        | Par Value                                                           | Number of Shares   | Class/Series  | Par Value     |
| <u>1000 Shares</u>                                                                                                                                                      | <u>No Par Value</u> |                                                                     | <u>100</u>         | <u>Common</u> | <u>No par</u> |

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.

File Date **FILED** 2:23 PM 3/31/09  
Check **MAR 31 2009**  
By: By 6/64  
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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.

Signature Bryan Ferguson Date 3/31/09  
Print or Type Name Bryan Ferguson  
Title Vice President