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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
00357853	**Ovoo Creative, Inc.**

3. Principal office address	City	State	Zip
555 South Main Street, #401	**Providence**	**RI**	**02903**

4. Business Phone No.	5. State of Incorporation
401 331 8207	**Rhode Island**

6. Brief description of the character of business conducted in Rhode Island
Graphic Design, Photography, Marketing Consultant

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Maureen Maloney	**555 South Main Street, #401**	**Providence**	**RI**	**02903**

Vice-President Name	Street Address	City	State	Zip
Maureen Maloney	**555 South Main Street, #401**	**Providence**	**RI**	**02903**

Secretary Name	Street Address	City	State	Zip
Maureen Maloney	**555 South Main Street, #401**	**Providence**	**RI**	**02903**

Treasurer Name	Street Address	City	State	Zip
Maureen Maloney	**555 South Main Street, #401**	**Providence**	**RI**	**02903**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Maureen Maloney	**555 South Main Street, #401**	**Providence**	**RI**	**02903**
none				

Director Name	Street Address	City	State	Zip
none				

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON STK	.01

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 _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED 1050
NOV 21 2012
BY 1838538

Form No. 630
Revised: 01/2012

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 of Authorized Representative — Date: **10/12/2012**

MAUREEN MALONEY
Print or Type Name of Authorized Representative

85432-5-772558