



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State
 Matthew A. Brown, Secretary of State

Corporations Division
 100 North Main Street
 Providence, RI 02903-1335
 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 123600	2. Name of Corporation Alan Greco Design, Inc.
-------------------------------	---

3. Street Address Principal Business Office 5853 Post Road	City E. Greenwich	State R I	Zip 02818
---	----------------------	--------------	--------------

4. Business Phone No. (401) 884-0884	5. State of Incorporation RHODE ISLAND	6. SIC Code
---	---	-------------

7. Brief Description of the Character of Business Conducted in Rhode Island
GRAPHIC DESIGN BUSINESS

8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Alan M. Greco	Vice President Name Alan M. Greco
---------------------------------	--------------------------------------

Street Address 5853 Post Road	Street Address
----------------------------------	----------------

City E. Greenwich	State R I	Zip 02818	City	State	Zip
----------------------	--------------	--------------	------	-------	-----

Secretary Name Alan M. Greco	Treasurer Name Susan D. Greco
---------------------------------	----------------------------------

Street Address	Street Address Same
----------------	------------------------

City	State	Zip	City	State	Zip
------	-------	-----	------	-------	-----

9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Alan M. Greco	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
------	-------	-----	------	-------	-----

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Alan M. Greco 1-18-05
 Signature of Officer Date

Alan M. Greco
 Print or Type Name of Officer
 President
 Title of Officer

File Date 1-31-05
 Check No. 4019
 By: dc.
 FOR SECRETARY OF STATE USE ONLY