



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

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **57800** 2. Name of Corporation **ACT Design Group Inc.**

3. Street Address Principal Business Office **7 Gilbert Street** City **Providence** State **RI** Zip **02909**

4. Business Phone No. **401.831.4809** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7716**

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

**Graphic Design, Web Design**

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

President Name **Christina A. Tavanian**  
Street Address **7 Gilbert Street**  
City **Providence** State **RI** Zip **02909**

Vice President Name **John P. Tavanian**  
Street Address **7 Gilbert Street**  
City **Providence** State **RI** Zip **02909**

Secretary Name \_\_\_\_\_  
Street Address \_\_\_\_\_

Treasurer Name \_\_\_\_\_  
Street Address \_\_\_\_\_

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 \_\_\_\_\_ Street Address \_\_\_\_\_  
City State Zip City State Zip

Director Name \_\_\_\_\_ Street Address \_\_\_\_\_  
City State Zip City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**100 SHS NO PAR VAL**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value

*[Handwritten mark]*

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



\* 5 7 8 0 0 \*

File Date: 3-20-01

Check No.: 3281

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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] 3/17/01  
Signature of Officer Date

John P. Tavanian  
Print or Type Name of Officer

V.P.  
Title of Officer