



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000155589		2. Exact name of the Corporation GLOBAL VIEW COMMUNICATIONS, INC.			
3. Principal Office Address 163 EXCHANGE STREET, SUITE 303		City PAWTUCKET		State RI	Zip 02860
4. NAICS Code 54 - Professional, Scientific,	6. Brief description of the character of business conducted in Rhode Island MARKETING AND ADVERTISING DESIGN SERVICES.				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GREG ALMIEDA			Vice-President Name GREG ALMIEDA		
Street Address 22 VALLEY VIEW DRIVE			Street Address 22 VALLEY VIEW DRIVE		
City GREENVILLE	State RI	Zip 02828	City GREENVILLE	State RI	Zip 02828
Secretary Name GREG ALMIEDA			Treasurer Name GREG ALMIEDA		
Street Address 22 VALLEY VIEW DRIVE			Street Address 24 VALLEY VIEW DRIVE		
City GREENVILLE	State RI	Zip 02828	City GREENVILLE	State RI	Zip 02828
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name GREG ALMIEDA			Director Name		
Street Address 24 VALLEY VIEW DRIVE			Street Address		
City GREENVILLE	State RI	Zip 02828	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 8,000	CLASS/SERIES CWP	PAR VALUE \$0.01
11. 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. 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.					
Name of Authorized Representative GREG ALMIEDA, PRESIDENT				Date 2/17/17	
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED FEB 21 2017	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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