



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 789661 | | 2. Exact name of the Corporation Promeo Creative Media, Inc. | |
| 3. Principal Office Address 25 Woodlawn Drive | | City Cranston | State RI |
| | | Zip 02920 | |
| 4. NAICS Code 54 - Professional, Scientific, an | 6. Brief description of the character of business conducted in Rhode Island Provide professional marketing services and create online digital products. | | |
| 5. State of Incorporation RI | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name David Grande | | Vice-President Name David Grande | |
| Street Address 25 Woodlawn Drive | | Street Address SAME | |
| City Cranston | State RI | Zip 02920 | |
| Secretary Name David Grande | | Treasurer Name | |
| Street Address 25 Woodlawn Drive | | Street Address | |
| City Cranston | State RI | Zip 02920 | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name David Grande | | Director Name David Grande | |
| Street Address SAME | | Street Address SAME | |
| City | State | Zip | |
| Director Name David Grande | | Director Name David Grande | |
| Street Address SAME | | Street Address SAME | |
| City | State | Zip | |
| 9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | CLASS/SERIES |
| | | PAR VALUE | |
| | | 2,000 | CNP |
| | | | \$0.0010 |
| 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. <i>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.</i> | | | |
| Name of Authorized Representative David Grande | | Date 2.28.17 | |
| Signature of Authorized Representative | | FILED MAR 02 2017 | |

MAIL TO:
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