



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 <u>789661</u>		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, and	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	City Cranston	State RI
Zip 02920		Zip 02920	
Secretary Name David Grande		Treasurer Name	
Street Address 25 Woodlawn Drive		Street Address	
City Cranston	State RI	City	State
Zip 02920		Zip	
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	City	State
Zip		Zip	
Director Name David Grande		Director Name David Grande	
Street Address SAME		Street Address SAME	
City	State	City	State
Zip		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.			
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
NUMBER OF SHARES		CLASS/SERIES	
2,000		CNP	
		PAR VALUE	
		\$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.			
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 David Grande		Date 2.28.17	
Signature of Authorized Representative 		FILED MAR 02 2017	

MAIL TO:
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Phone: (401) 222-3040
Website: www.sos.ri.gov

630 - Revised: 02/2017