



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 <b>798725</b>		2. Exact name of the Corporation <b>Company 50 Inc.</b>												
3. Principal Office Address <b>5 Curran Brook Ct.</b>			City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>									
4. NAICS Code <b>54 - Professional, Scientific,</b>		6. Brief description of the character of business conducted in Rhode Island <b>Website design and digital marketing services</b>												
5. State of Incorporation <b>RI</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Greg Brailsford</b>			Vice-President Name <b>NONE</b>											
Street Address <b>5 Curran Brook Ct.</b>			Street Address											
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip									
Secretary Name <b>NONE</b>			Treasurer Name <b>NONE</b>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>NONE</b>			Director Name <b>NONE</b>											
Street Address			Street Address											
City	State	Zip	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>2000</b></td> <td><b>STK</b></td> <td><b>0.01</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>2000</b>	<b>STK</b>	<b>0.01</b>			
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<b>2000</b>	<b>STK</b>	<b>0.01</b>												
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.														
<b>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.</b>														
Name of Authorized Representative <b>Greg Brailsford</b>				Date <b>3/15/2017</b>										
Signature of Authorized Representative 														

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

**FILED**  
MAR 20 2017

By

FORM 630 Revised: 02/2017