



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

ANNUAL REPORT FOR THE YEAR 2018
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. Corporate ID No 305422		2. Name of Corporation Advanced Media Design, Inc. d/b/a Studio AMD		
3. Street Address - Principal Business Office 333 Westminster Street, Studio 200		City Providence	State RI	Zip 02903
4. NAICS Code 541310		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island 3D drafting and rendering for architects				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Richard Dubrow		Vice President Name Jonathan B. Kletzien		
Street Address 333 Westminster Street, Studio 200		Street Address 333 Westminster Street, Studio 200		
City Providence	State RI	Zip 02903	City Providence	State RI
Secretary Name Richard Dubrow		Treasurer Name Jonathan B. Kletzien		
Street Address 333 Westminster Street, Studio 200		Street Address 333 Westminster Street, Studio 200		
City Providence	State RI	Zip 02903	City Providence	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
		Number of Shares	Class Series	Par Value
		100 shares common stock of \$.01 par value		

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.

Signature

Jonathan B. Kletzien

Print or Type Name

Date

1/9/2018

Vice President

Title

FILED

10k

JAN 24 2018

BY **8001**

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