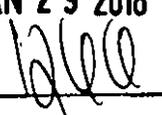




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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. Entity ID Number 000123600		2. Exact name of the Corporation Alan Greco Design, Inc.			
3. Principal Office Address 1050 Main Street, Unit 14			City East Greenwich	State RI	Zip 02818
4. NAICS Code 541430		6. Brief description of the character of business conducted in Rhode Island Alan Greco Design, Inc. is a graphic design studio focusing primarily on corporate identity, product literature design, package design, website design, brochure and catalog design, and direct mail design.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alan M. Greco			Vice-President Name Alan M. Greco		
Street Address 1050 Main Street, Unit 14			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Alan M. Greco			Treasurer Name Susan D. Greco		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
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			10. Shares Issued 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
			1000		No Par
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 Alan M. Greco				Date 01-15-18	
Signature of Authorized Representative 				FILED JAN 29 2018 	
RETURN DOCUMENT HERE					

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

BY 