



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

148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 000791952		2. Exact name of the limited liability company CREATIVE SIGNALS, LLC			3. NAICS Code 541613	
4. Brief description of the character of the business which is actually conducted in Rhode Island online and offline marketing					5. State of formation Rhode Island	
6. Principal office address 400 Putnam Pike Suite J #242				Smithfield	State RI	Zip 02917
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:						
Contact Name Eric M. Covino			Contact Title Member			
Street Address 400 Putnam Pike Suite J #242			City Smithfield	State RI	Zip 02917	
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. RESIDENT AGENT IN RHODE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11						

**FILED**

FEB 09 2018

This report was executed by an authorized person pursuant to R.I.G.L. 7-16-11(b).

Under penalty of perjury, I declare and affirm that I have prepared this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

Date

Eric M. Covino, Member

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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